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DOCTOR OF EDUCATION

A Comparative Study of the Experience of Disabled and Non-Disabled Students on Professional Practice Placements

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Shirley Hill

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University of Dundee

May 2014

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List of Abbreviations

ATANET	Assistive Technology Advisers' Network
BIS	Department for Business, Innovation and Skills
BOS	Bristol Online Survey
BRITE	Beattie Resources for Inclusiveness in Technology and Education
CRE	Commission for Racial Equality
CRPD	Convention on the Rights of Persons with Disabilities
DART	Disabilities Academic Resource Tool
DDA	Disability Discrimination Act (1995; 2005)
DED	Disability Equality Duty
DES	Disability Equality Scheme
DIUS	Department for Innovation, Universities and Skills
DRC	Disability Rights Commission
DSA	Disabled Students' Allowance
DSAG	Disabled Students' Advisory Group
DSP	Disabled Students' Premium
DSSG	Disabled Students' Stakeholder Group
ECU	Equality Challenge Unit
EHRC	Equality and Human Rights Commission
EOC	Equal Opportunities Commission
FTE	Full-Time Equivalent
GMC	General Medical Council
GTCS	General Teaching Council for Scotland
HEA	Higher Education Academy
HEFCE	Higher Education Funding Council for England
HEFCW	Higher Education Funding Council for Wales

HESA	Higher Education Statistics Agency
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps
ITE	Initial Teacher Education
JISC	Joint Information Services Committee ¹
NDT	National Disability Team
NHS	National Health Service
NSS	National Student Survey
NUS	National Union of Students
OASES	Online Accessibility Self Evaluation Service
OSCE	Objective Structured Clinical Exam
QAA	Quality Assurance Agency for Higher Education
RPL	Recognition of Prior Learning
SCIPS	Strategies for Creating Inclusive Programmes of Study
SENDA	Special Educational Needs and Disability Act (2001)
SFC	Scottish Funding Council
SHEFC	Scottish Higher Education Funding Council
SWAP	Subject Centre for Social Policy and Social Work
TechDIS	UK Advisory Service on Technologies for Inclusion and Accessibility
THE	Times Higher Education
UCAS	Universities and Colleges Admissions Service
UK	United Kingdom
UKDPC	United Kingdom Disabled People's Council
WHO	World Health Organisation

¹ Now known solely as JISC: <http://www.jisc.ac.uk/about/history>

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This thesis is dedicated to my wonderful mum, Evandra Angeloni, who always believed I could do it. I have much to thank her for every day.

Declaration

I declare that I am the author of this thesis, that, unless otherwise stated, I have consulted all references cited, that I have undertaken the work of which this thesis is a record, and that this thesis has not previously been submitted for a higher degree.

Signed:.....

Shirley Hill

May 2014

Abstract

The experience of disabled students in UK higher education has been the subject of research for many years, particularly following legislation in 2001 that introduced responsibilities on universities to make reasonable adjustments for disabled students. Most of this research has focused solely on the experience of disabled students, and typically only within one discipline, with limited comparison with their non-disabled peers; particularly in the context of students' experience on practice placements where professional competencies are developed and assessed.

This thesis therefore sought to address this gap in the research by investigating the experience of disabled and non-disabled students on practice placements across six professional disciplines, utilising a mixed methods research design. Students at a Scottish University who were studying medicine, nursing, dentistry, education, social work or community education were invited to participate in an anonymous online survey and a follow-up semi-structured interview. These particular disciplines were selected on the basis of enabling comparison with previous research and also to explore the dichotomy between the social and medical approaches to disability; and the potential impact of these approaches on the experience of disabled students.

Over 350 students responded to the survey from all six disciplines and a total of 21 interviews were conducted with disabled and non-disabled students. The results were also compared with the student placement feedback obtained independently by the individual disciplines involved in the research.

Many students provided positive feedback on their placement experience and clearly valued this as preparation for their future careers. The students' relationship with their placement supervisor was also clearly an influence on the quality of their placement experience. However, statistical analyses revealed that disabled students' overall rating for their placement experience was lower than that of non-disabled students, and that disabled students experienced

more difficulties on placement. Subsequent thematic analysis of students' qualitative responses revealed that, although disabled and non-disabled students reported similar issues, these were exacerbated for some disabled students by the nature of their impairment or the attitudes of others to disability. Indeed, there was evidence that a medical model approach to disability was more prevalent in the disciplines of medicine and nursing. It was also clear that some disabled students did not identify with the terms 'disabled' or 'disability'.

The results of this study highlighted in particular the need for a review of disability disclosure procedures in the placement context and for clarity in the role and responsibilities of placement staff. Recommendations for practice are identified that aim to enhance the placement experience of all students and to remove any barriers to access; ensuring disabled students are not disadvantaged in the placement context and their needs are appropriately met.

1. Chapter 1 - Introduction

1.1 Government Policies and the Student Experience in UK Higher Education

There has been increasing Government emphasis in the UK on the expansion of higher education and widening access to those who would not have traditionally attended university (e.g. David et al, 2008; Mullen, 2010). This has led to an increasingly diverse student population with a wide range of needs and expectations; including students with caring responsibilities, international students and disabled students (Ramsden, 2008). Government policies affecting UK higher education have also increasingly recognised the importance of student engagement in the quality of their learning, and student participation in universities' decision-making bodies (Department for Business, Innovation and Skills, 2011; Scottish Government, 2011).

Aligned to such policies, there has been increasing recognition of the importance of enhancing the student experience; in particular, informing students of the actions universities have taken in response to student feedback (Buckley, 2013). Aside from universities' accountability to the UK Higher Education Funding Councils², and the requirements of the underlying enhancement-led quality assurance framework in higher education³, a focus on the student experience also offers universities the opportunity to highlight to prospective students the positive aspects of the experience they offer, in an increasingly competitive student market (Richter, Walsh & Wilson, 2010).

Universities have therefore typically introduced a range of mechanisms and opportunities for students to provide feedback on their higher education experience, including through external UK-wide surveys such as the National

² Governance of the UK higher education system is devolved with separate Higher Education Funding Councils for Scotland (Scottish Funding Council, SFC), England (Higher Education Funding Council for England, HEFCE) and Wales (Higher Education Funding Council for Wales, HEFCW).

³ The Quality Assurance Agency for Higher Education (QAA) is responsible for overseeing the quality of UK higher education to ensure students have the best possible learning experience.

Student Survey (NSS)⁴ (HEFCE, 2011; Richardson, 2013). Such feedback mechanisms are also increasingly used for benchmarking the quality of the student experience in different institutions. However, the outcome from national student surveys, such as the NSS, can only provide “a partial picture of students’ experiences, and needs to be supplemented in order to be useful” (Buckley, 2013, page 39).

One way to achieve this is by undertaking empirical research studies that investigate and explore in more detail the diversity of students’ experience of higher education. Indeed, higher education research has responded to the demographic changes in the student population with studies focussing on the experience of students in specific groups; for example, first year students (e.g. Harvey, Drew & Smith, 2006), mature students (e.g. Bowl, 2001; Tett, Hounsell, Christie, Cree & McCune, 2012), working-class students (e.g. Leathwood & O’Connell, 2003; Reay, Crozier & Clayton, 2010), black and minority ethnic students (e.g. Richardson, 2010; Singh, 1990), and disabled students (e.g. Fuller, Healey, Hurst, Riddell & Wareham, 2008; Hall & Tinklin, 1998).

In tandem with the changes to Government policy noted above, numerous legislative changes have been introduced in the UK over the past twenty years that recognise and protect the rights of people with specific characteristics; most notably the rights of disabled people to equal access to employment, public services and education (Disability Discrimination Act, DDA, 1995; Disability Discrimination Act, DDA, 2005; Equality Act, 2010; Special Educational Needs and Disability Act, SENDA, 2001). These rights were specifically extended to education in 2001 (SEDA, 2001), introducing the requirement for higher education institutions to anticipate the needs of disabled students and to make reasonable adjustments to all aspects of their operation to meet disabled students’ individual support requirements.

Such legislative and policy changes have contributed to the increasing number of disabled students in UK higher education (Department for Innovation,

⁴ The National Student Survey (NSS) requests feedback from final-year undergraduates on their perceptions of the quality of their UK higher education experience:
<http://www.thestudentsurvey.com/>

Universities and Skills, 2009) and prompted further research specifically on the experience of disabled students; including in relation to the experience of students with different impairments (e.g. Bishop & Rhind, 2011; Riddell & Weedon, 2006) and their experience in different learning contexts, such as field trips (e.g. Hall, Healey & Harrison, 2002) and professional practice placements (e.g. Wray, Fell, Stanley, Manthorpe & Coyne, 2005).⁵

1.2 Identifying a Focus for My Research

The literature review presented in Chapter 4 revealed that many of the research studies on disabled students to date have investigated students' experience during transition to higher education (e.g. Demery, Thirlaway & Mercer, 2012; Elliot & Wilson, 2008), the impact of reasonable adjustments to teaching and assessment (e.g. Hopkins, 2011; Weedon & Fuller, 2004) or have explored staff attitudes to making such adjustments (e.g. Ashworth, Bloxham & Pearce, 2010; Jacklin, Robinson, O'Meara & Harris, 2007); including in off campus contexts such as field trips (e.g. Hall & Healey, 2004; Healey, Jenkins, Leach & Roberts, 2001) and practice placements (e.g. Brown, James & MacKenzie, 2006; Matheson & Morris, 2011). Limited comparisons, however, have been made with the experience of non-disabled students to determine the difference, if any, in their experience; particularly in professional programmes of study, such as medicine and teaching.

When considering a topic for my doctoral research, I identified several possible areas which appeared worthy of further investigation based on the disability-related issues I was aware of through my work as a disability practitioner in the higher education sector generally, and those of particular relevance to my own institutional context; the latter specifically in relation to the large number of programmes offered to prospective students that confer professional qualifications and automatic entry into a recognised professional body. This subsequently led to a focus on the experience of disabled students on

⁵ A detailed literature review of the experience of disabled students in higher education is provided in Chapter 4.

professional programmes and, specifically, within the practice placement context.

It was evident from my professional experience that identifying reasonable adjustments for disabled students in such contexts was particularly challenging; including as a consequence of the off-campus location, the involvement of staff external to the University and the complexities of fitness to practice and other professional standards. It was also evident from my work that such issues raised disclosure concerns for some disabled students. I therefore considered that this aspect of my work merited further investigation to advance knowledge in this area, to support staff in making reasonable adjustments, and ultimately to have a positive influence on practice in the higher education sector for the benefit of students. On researching the literature, it became clear that empirical studies on the experience of disabled students on professional programmes were also limited, particularly comparisons with the experience of non-disabled students. In addition, my research background and experience of working with disabled students for many years (see Appendix 17) had enabled me to develop the requisite knowledge and skills relevant to undertaking research in this field.

From this basis, this thesis presents the details of a research study into the experience of disabled students compared to their non-disabled peers on six professional programmes of study⁶, specifically focussing on their experience in the placement context. A search of the literature revealed no other research had compared the experience of disabled and non-disabled students in this context, or gathered qualitative data from both groups; my research was therefore unique in this respect. An online survey and semi-structured interview techniques were utilised to gather quantitative and qualitative data from disabled and non-disabled students in different disciplines to enable comparisons to be made of their experience. Further comparisons were also made with the placement feedback obtained independently of my research by the individual disciplines involved, through thematic analysis of the discipline feedback reports. Ultimately, the research aimed to improve the placement experience of all students by making recommendations for practice identified

⁶ Professional disciplines involved in my research: Medicine, Dentistry, Nursing and Midwifery, Education, Social Work and Community Education.

from the students' feedback, to support an inclusive approach to the provision of such learning opportunities.

1.3 Reflection on Recognition of Prior Learning (RPL) Submission⁷

1.3.1 Professional Experience and Practitioner Perspective

This thesis developed from my professional experience of working with disabled students for many years and my applied research background. In particular, my prior research experience, as outlined in my Recognition of Prior Learning (RPL) submission (Appendix 17, page 17-18), was based entirely in educational contexts and aimed to have a positive impact on the experience of those involved by influencing practice. In short, my prior research experience was primarily undertaken from a pragmatic, 'real world' perspective (Robson, 2013). This research included investigating the development of reading skills in children and the effectiveness of peer supported learning in higher education, both of which were intended to inform teaching practice for the benefit of learners. For example, the results from my research on the development of reading skills revealed that primary school children were more likely to use letter-sound correspondences rather than rhyme units when attempting to read unfamiliar words, which impacted on how reading was taught (Duncan, Seymour & Hill, 1997). In addition, the results from my research on peer supported learning in higher education revealed that regular attendance at such learning opportunities improved students' transferable skills and ultimately their degree outcomes (Hill, Topping & Gay, 1998). Such transferable skill gains were also evident from the results of my Masters' research on student tutoring⁸ (e.g. Hill, 1994), particularly in relation to students' perceptions of their oral communication skills following their experience as a student tutor.

⁷ Note: formatting of RPL submission has been amended to fit the page layout of this thesis.

⁸ Student tutoring is a specific form of cross-age, peer tutoring that involves students from further or higher education tutoring pupils in primary or secondary schools, typically in a curricular area that the student has studied, with the aim of developing students' skills, reinforcing their knowledge through teaching and raising tutees' aspirations to further their education beyond school.

My prior research experience also involved the use of a range of investigative techniques; including intervention studies, structured interviews and questionnaires. In particular, the research I undertook for my Masters' thesis involved a large-scale, questionnaire study of students' experience when tutoring children in schools, analysis of their reflective diaries post-tutoring and structured interviews with a self-selected sample of students. These techniques were later utilised in my work as Head of Disability Services to undertake small-scale research projects, and to gather and analyse feedback from disabled students and staff on the University's services; including to inform the development of the University's Disability Equality Schemes (Appendix 17, page 11-12). I therefore had extensive prior experience of utilising relevant research techniques with the intended participants in my research.

My professional work is dictated to an extent by the practical realities of managing and delivering a service for disabled students within the legal, quality assurance and funding framework of higher education, and the specific strategic priorities of my own institution. Importantly, my work is also driven by the views of service users by providing ongoing feedback opportunities on the University's provision for disabled people, and ensuring action is taken in response to such feedback. This is evidenced in my RPL submission (Appendix 17, page 13-15), and in the Annual Reports that I have written on the work of Disability Services⁹. The developments that I have progressed within my own University, and collaborative work with colleagues at a national level (Appendix 17, page 9-16), have reflected this professional context and therefore have been primarily undertaken with the practical aim of improving the experience of disabled students by influencing practice.

This thesis has allowed me to explore the theoretical foundations of disability research in more detail and to gain greater insight into the influences of disability theory on the development of disability-related practice in UK higher education; in particular, the influence of the social model of disability (Oliver,

⁹ Disability Services' Annual Reports:
<http://www.dundee.ac.uk/disabilityservices/resources/annualreports/>

1983) on emerging legislation, and the extent to which the UK higher education sector has responded to such developments. In addition, this thesis has allowed me to consider the impact of identity on disabled students' disclosure decisions and to explore my own approach to undertaking disability-related research, particularly the extent to which it can truly reflect an emancipatory approach; that is, research that "changes the social relations of research production - the placing of control in the hands of the researched, not the researcher" (Oliver, 1997, page 17). This is considered in more detail in Chapter 7 (Section 7.3.2) with reference to the research undertaken for this thesis.

1.3.2 Policy and Guidance Development and Influence on Practice

The disability-related policies and guidance I have written for staff within my own institution (examples in Appendix 17, page 51-93), and shared where requested with colleagues in the sector, were written with the aim of improving the experience of disabled students and supporting staff to respond to the complex disability-related legal framework in higher education. The recommended practice in these policy and guidance documents was set in the context of the surrounding legal and quality assurance framework, and best practice in the sector. In particular, they reflected the changes in disability legislation from a focus on making reactive adjustments to meet disabled people's needs (DDA, 1995; SENDA, 2001), to removing barriers to access in the delivery of University services and involving disabled people in identifying priorities for action (DDA, 2005; Equality Act, 2010); the latter reflecting the social model of disability.

Indeed, I made specific reference to the social model of disability when writing guidance on the consideration of disability issues in the University's programme approval and review process (Appendix 17, page 66-71), in the University's 'Policy on Academic Adjustments for Disabled Students' (Appendix 17, page

81-93) and in the University's Disability Equality Schemes.¹⁰ However, as these documents were written in the course of my professional work for a specific purpose and audience, they do not make detailed reference to disability theory. Reviewing the literature for this thesis has allowed me the opportunity to develop a deeper understanding of the importance of such theoretical foundations and the challenges that have been made to the social model approach, in its purist sense, by other disability theorists (e.g. Shakespeare & Watson, 2002). This thesis has also allowed me to consider the extent to which the social model approach to the provision of education is reflected in my professional work and in the delivery of practice placements.

Specific policy and guidance documents written during the five years prior to submission of my RPL document are of particular relevance to this thesis. Firstly, I was solely responsible for writing the University's Disability Equality Schemes (DES), including designing questionnaires and conducting focus groups to capture data from disabled students and staff on the development of the Scheme and the University's priorities for action. It was clear from the disabled students involved in the development of the first DES that the key priorities for the University included, 'Monitor the University's placement policy to identify any barriers to access by disabled students, in particular in relation to disability disclosure and risk assessments for work placement activity' and 'Clarify professional competence standards/fitness to practice issues for all University programmes accredited by external Professional Bodies' (DES, Action Plan, 3.3¹¹).

These priorities subsequently led to the development of related guidance and the delivery of training to University staff, both of which were solely my responsibility. Of particular relevance to this thesis is the guidance that I wrote for University staff on arranging work placements for disabled students (Appendix 17, page 59-65), which highlights the importance of obtaining student consent to disclosure of their disability-related needs to the placement provider,

¹⁰ The University of Dundee's Disability Equality Schemes are still available in full for information at: <http://www.dundee.ac.uk/disabilityservices/resources/policy/>

¹¹ DES Action Plan is available within the University's DES 2006-2009: <http://www.dundee.ac.uk/disabilityservices/resources/policy/>

and the importance of establishing a written agreement between the University and the placement provider on the provision of support. Sample templates are provided in this guidance for staff to record disclosure consent and agreed responsibilities for the provision of support; reflecting the aim to support and influence practice.

In recognition of the particular concerns that can arise when supporting disabled students in off-campus settings, I wrote additional guidance on undertaking inclusive risk assessments that refers specifically to the requirements of professional bodies and to the practice placement context, and to the importance of removing barriers to access and promoting an inclusive approach to such assessments. In particular, this guidance highlights the importance of identifying reasonable adjustments that would reduce any identified risk to an acceptable level. Again, a sample template is provided for staff to use to record the outcome of risk assessments, including any reasonable adjustments (Appendix 17, page 72-80).

The importance of ensuring higher education programmes of study are designed in anticipation of the needs of disabled students is highlighted in the guidance that I wrote for University staff for programme approval and review purposes. This reflected the Teachability approach to assessing the inclusiveness of curriculum design and delivery (Teachability, 2000), including for professional programmes of study. Indeed, specific reference is made in the guidance to the requirements of external professional bodies in this respect. A sample template is also provided that supports staff to reflect on different aspects of programme design and delivery that may impact on the experience of disabled students, including in the placement context, and encourages staff to request and respond to feedback from disabled students on the accessibility of the programme (Appendix 17, page 66-71). This approach was subsequently adopted by the University as part of an 'inclusive curriculum checklist' that all new programmes and modules are now required to complete as part of the

University's Quality Framework¹²; again demonstrating my influence on practice within my own institution.

Finally, the policy that I wrote on academic adjustments for disabled students (Appendix 17, page 81-93) makes specific reference to the social model of disability and the Universal Design for Learning¹³. This policy highlights key legal and quality assurance requirements to clarify the University's responsibilities and those of external professional bodies; the latter particularly in relation to ensuring professional standards, including those relating to fitness to practice, are genuine and do not create unjustified barriers for disabled students. This policy also highlights the importance of liaison between academic schools and professional bodies to clarify the competence standards that are core to the programmes they deliver, and the extent of any flexibility in the assessment of such standards to enable the provision of reasonable adjustments.

The policy and guidance I have developed for staff in the course of my work as a disability practitioner was therefore written for a specific purpose and in a style that was designed to be accessible to a range of audiences; as appropriate to my professional context and the ultimate aim of influencing practice. As noted above, reference was made in these documents to the importance of a social model approach to the provision of University services, including all aspects of learning and teaching. I have updated all of the above documents since submission of my RPL document to reflect changes introduced by the Equality Act (2010) and establishment of the Equality and Human Rights Commission¹⁴, to ensure staff are aware of these significant changes and the implications for their practice. The updated policy and guidance is available on the University's Disability Services' website¹⁵.

¹² University of Dundee: Guidance Note and Inclusive Curriculum Checklist:
<http://www.dundee.ac.uk/qf/equalitydiversity/>

¹³ Universal Design for Learning: <http://www.udlcenter.org/>

¹⁴ Equality and Human Rights Commission (EHRC) was established in 2007:
<http://www.equalityhumanrights.com/>

¹⁵ Updated disability-related policy and guidance written by the author:
<http://www.dundee.ac.uk/disabilityservices/resources/>

1.3.3 Wider Contribution to Disability-Related Practice

This thesis has also given me the opportunity to reflect on my contribution to progressing disability-related developments within the higher education sector in Scotland that is noted in my RPL submission (Appendix 17, page 16). In particular, my work as a member of the Scottish Government's Disabled Students' Stakeholder Group (DSSG)¹⁶ since its inception in 2004 has involved significant contribution to the development of the 'Toolkit of Quality Indicators for Needs Assessments' (Scottish Government, 2005) and the associated guidance for institutions (Scottish Government, 2013b). The Toolkit is intended to improve the consistency and quality of the Disabled Students' Allowance (DSA)¹⁷ needs assessment process across the further and higher education sector in Scotland, enabling institutions that can demonstrate they meet the quality criteria to undertake such needs assessments in-house. In addition, I was solely responsible for writing the University of Dundee's Toolkit submission that was subsequently identified by the Scottish Government as an example of good practice and is now available to other institutions on the Scottish Government's website¹⁸. I was also extensively involved as a member of the DSSG validation panel in assessing the quality of Toolkit submissions from Universities and Colleges across Scotland for seven years until stepping down from this role in 2012 to concentrate on my doctoral studies.

During this period, I was also significantly involved in establishing the Scottish Funding Council's BRITE Initiative as a member of the original development team in 2001, and I subsequently provided mentoring support for nine years to staff in further education colleges who were undertaking the BRITE training to

¹⁶ Scottish Government's Disabled Students' Stakeholder Group (DSSG) was renamed the Disabled Students' Advisory Group (DSAG) in 2012:
<http://www.scotland.gov.uk/Topics/Education/UniversitiesColleges/16640/stakeholdergroups/disabledstudents>

¹⁷ The DSA is an individual allowance available to disabled students in UK higher education:
<http://www.dundee.ac.uk/disabilityservices/accesscentre/disabledstudentsallowance/>

¹⁸ University of Dundee Toolkit Validation Submission:
<http://www.scotland.gov.uk/Topics/Education/UniversitiesColleges/16640/stakeholdergroups/disabledstudents/DSAGValidation/DSAGExamplesofGoodPractice/DundeeUniValidationApplication2012>

become qualified needs assessors¹⁹. This involved observation and assessment of BRITE trainees' needs assessment practice, and providing constructive feedback on their needs assessment reports, enabling them to complete the BRITE 'Professional Development Award in Inclusiveness: Facilitating Strategies to Support Learners with Additional Needs'.

I therefore believe my involvement with the DSSG/DSAG and BRITE has had a significant influence on needs assessment practice across the Scottish higher education sector for many years, particularly in relation to adopting a student-centred and inclusive approach to the needs assessment of disabled students that recognises the impact of barriers to learning. This is particularly relevant to my doctoral studies given the importance of ensuring such an approach extends to the practice placement setting.

1.3.4 Recognition of Prior Learning (RPL) Claim

On the basis of my RPL submission (see Appendix 17), the above reflective analysis and the award recommended by the external examiners who assessed my submission, my RPL claim is for 25% of the Professional Doctorate in Education.

1.4 Terminology Used in this Thesis

The terminology used in this thesis reflects the language of disability in the UK that has arisen from the social model of disability and the Disabled People's Movement (British Council of Disabled People, 1997). This is discussed further in Chapter 2 (Section 2.2). As such, the term 'disabled students' is used throughout rather than 'students with disabilities', placing the emphasis on the disabling effect of barriers to access; except where direct quotes from literature sources are made.

¹⁹ BRITE courses for needs assessors: <http://www.brite.ac.uk/courses>

In addition, the term 'impairment' is used when discussing the nature of students' disabilities, recognising the distinction between disability and impairment and the impact different impairments can have on the experience of disabled people (Crow, 1996). This approach also acknowledges that impairment categories take no account of individual differences and that disability is an area where the language used is socially constructed and subject to debate, and driven to an extent by individual perspectives and preferences (Rhodes, Nocon, Small & Wright, 2008). The latter is also influenced by the extent to which a disabled person identifies with disability terminology at all, presenting challenges for researchers in this field (Barnes, 2007; Tinklin, Riddell & Wilson, 2004).

In this context, it is worth noting that the language that is typically used in support services for disabled students throughout the UK higher education sector reflects the terminology of the legal and funding framework for disabled students (Disability Rights UK, 2013). Therefore, support services are typically named 'disability services', support is described in terms of 'disability-related needs' and 'reasonable adjustments', and funding refers specifically to 'disability' and 'disabled students'; as in the Disabled Students' Allowance (DSA), for example. Such terminology is therefore also used in this thesis and discussed further in Chapters 2 and 3.

Aside from disability-related terminology, the language used in this thesis to describe the placement context reflects that used by the individual disciplines involved in my research. In particular, it was clear following piloting of the survey questions and interview schedule utilised in my research that the terminology used to describe the members of placement staff who are responsible for overseeing students' experience on placement varied depending on their academic discipline; including 'placement supervisor', 'practice educator' and 'placement mentor'. The term 'placement supervisor' was ultimately selected as the most relevant to the disciplines involved (see Section 5.4.1) and is therefore predominantly used in this thesis; except where other terms are used in quotes from the students who participated in the research.

An alphabetical list of abbreviations used in this thesis is also provided on page 'vii' to facilitate ease of access for the reader.

1.5 Introducing the Chapters in this Thesis

The rest of this thesis is split into six chapters. Chapters 2, 3 and 4 provide the context for my research study on the experience of disabled and non-disabled students on practice placements; including, a discussion of the different models and definitions of disability, disability disclosure and identity, disability-related legislation and funding, and a detailed review of the literature on disabled students' experience in higher education. The methodology for my research study is described in Chapter 5 and the results presented in detail in Chapter 6. Chapter 7 concludes the thesis with a discussion of the results and identifies recommendations for practice. A brief synopsis of each of these Chapters is provided below, including a description of the procedure used to identify relevant research for my literature review.

Chapter 2 considers disability as a social construct; that is, the view that disability arises from the physical and social factors in society that can impact on disabled people's lives (e.g. Thomas, 2004), and the interaction between impairment and social or cultural influences (Barnes & Mercer, 2005; Wendell, 1996). Specifically, this Chapter discusses the differences between the medical and social models of disability, and the different perspectives on the latter approach in particular. This Chapter also discusses the impact of the emergence of the social model of disability in the UK on the language of disability and the extent to which this approach has permeated legal definitions of disability. The impact of the continuation of a medical model approach to such definitions, on identity as a disabled person and on the decision to disclose, is also discussed, with specific reference to the higher education context. The Chapter concludes by examining the extent of disability disclosure in UK higher education, including the impact of legislation and funding for

disabled students, the factors that can influence students' decisions to disclose and the issues this raises for research on their experiences.

Chapter 3 presents an overview of the legislative, regulatory and funding contexts in which disability research in UK higher education is framed, discussing the numerous changes in legislation that have taken place since the extension of the Disability Discrimination Act (DDA) to education in 2001. In particular, it considers the regulatory frameworks of different professional programmes and the extent to which these may impact on the admission and progression of disabled students. This Chapter also considers the impact of the raft of funding initiatives by the UK Higher Education Funding Councils to support institutions' response to the legislative requirements relating to disabled students, and the extent to which such initiatives have impacted on practice in higher education.

A literature review of the experience of disabled students in higher education is presented in Chapter 4, reflecting the available literature at time of writing this thesis. A cross search of the major available databases of relevance to the professional disciplines involved in my research was undertaken, centring around three key search parameters; 'disability', 'higher education', and 'student experience' (see Appendix 1). The search focused primarily on the literature from 2001 onwards when new legal responsibilities on Universities to make reasonable adjustments for disabled students were introduced in the UK, although earlier work was included where relevant to the search terms.

The search of the literature initially considered relevant research in other countries, in particular the United States and Australia where similar disability legislative frameworks to the UK are in place (Vellani, 2013). The focus of the search subsequently narrowed to look at the experience of disabled students in UK higher education and then specifically in the context of professional programmes, such as medicine and teaching, where successful completion of the related degree leads to registration with the relevant professional body. Finally, the search focussed on the experience of disabled students on the practice placement component of professional programmes.

The literature in this Chapter was critically reviewed to identify key aspects of disabled students' experience of higher education; including, students' transition to university, the provision of reasonable adjustments, staff attitudes to making adjustments, and mainstreaming of disability provision in higher education. This Chapter includes discussion of the few studies to date that have compared the experiences of disabled and non-disabled students (e.g. Fuller et al, 2008; Madriaga et al, 2010; Vickerman & Blundell, 2010) and then focuses on the research of relevance to professional programmes of study; particularly in relation to the admission of disabled students and barriers to access to such programmes (e.g. Disability Rights Commission, 2007b; Roberts, Butler & Boursicot, 2004), students' disclosure decisions (e.g. MacLeod & Cebula, 2009; Stanley, Ridley, Harris & Manthorpe, 2011) and their experience on practice placements (e.g. Morris & Turnbull, 2006; Wray et al, 2005). This Chapter concludes by identifying the gap in the literature that my research aimed to address and the specific research questions that I aimed to investigate.

An explanation of the methodology used in my research study is provided in Chapter 5, including the rationale for the pragmatic approach I took to the research. This approach was primarily rooted in my professional experience, as noted in the reflection on my RPL submission (Section 1.3). A description of the research methods used is provided, including details of the development and piloting of the survey questions and interview schedule and, for comparison purposes, details of the placement feedback reports that were prepared independently by the individual disciplines involved in the research. Details are also provided in this Chapter of the participants in the research study, the procedures used to ensure data protection, confidentiality and participant consent given the sensitivity of the research, and confirmation of ethics approval for my research by the University. Finally, this Chapter concludes with a description of the data analysis techniques that were used and considers the advantages and limitations of the research methods employed.

The results of the research study are presented in Chapter 6, including comparisons of the results from students in different groups and from students

who participated in the online survey and interviews, to identify any common themes or discrepancies. Analysis of the quantitative data from the online survey is provided in detail, including demographic data for the participants and statistical comparisons of the results for disabled and non-disabled students, and students in different disciplines; the latter including comparisons on the basis of the 'medical' and 'social' groupings of the professional disciplines involved²⁰.

The qualitative data from the online survey and the interviews is also presented in detail in this Chapter, highlighting themes identified from the students' responses and illustrating these throughout by direct quotes from the students' themselves. A comparison of the results from my research and those identified from analysis of the placement feedback reports prepared independently by the individual disciplines involved in my research also identified common themes and any discrepancies. This Chapter concludes by summarising the key outcomes of my research that appeared to impact on students' experience on placement; including, the importance of the students' relationship with their placement supervisor, the reaction to disability disclosure on placement and attitudes to disability in different disciplines. In addition, this Chapter identifies the specific difficulties experienced by non-disabled students on practice placements that can be exacerbated for disabled students.

Chapter 7 discusses the results in detail with reference to previous research and the wider student experience of practice placements in different disciplines, highlighting my original contribution to knowledge. This Chapter also revisits the medical and social models of disability and the implication of these for the delivery of support, including attitudes to disability in different professions. In addition, this Chapter considers the factors that influence disabled students' disclosure decisions, in particular the impact of their identity as a disabled person. The limitations of my research are then considered together with suggestions for future research on students' experience of practice placements.

²⁰ Respondents were grouped into whether or not their discipline might be more likely to take a 'social' or a 'medical' approach to disability. The 'social' group consisted of students in the disciplines of education, social work and community education, and the 'medical' group consisted of students in the disciplines of medicine, dentistry and nursing.

This Chapter concludes by identifying recommendations for practice to promote “closing the feedback loop” (Buckley, 2013, page 9); that is, ensuring that students’ feedback on their placement experience results in action by universities and placement providers that improves the experience of students in such learning contexts. It is anticipated that sharing the results of my research with staff within my own institution, particularly the professional disciplines involved, and more widely across the sector will help to achieve this.

Ultimately, it is anticipated that the outcomes of my research study will be accessible to all stakeholders in the practice placement component of professional programmes of study in higher education, including students, disability professionals, and academic and placement staff, to enable an inclusive approach to the provision of such learning opportunities that improves the experience of all students and ensures barriers to access by disabled students are addressed. It is also anticipated that the research outcomes will reinforce the importance of continuing to identify and meet the individual needs of disabled students in such contexts, and ensuring student involvement in the timing and nature of any disability disclosure; placing control in the hands of those directly affected.

2. Chapter 2 - Disability as a Social Construct

Disability is often described as a social construct (e.g. Richardson, 1997), arising from society's view of disabled people, the physical and social factors that impact on disabled people's lives and the alternative models proposed to help explain and describe different perspectives on impairment and disability (e.g. Goggin & Newell, 2003; Thomas, 2004; Wendell, 1996).

Research on the experience of disabled students is therefore inevitably interlinked with the different definitions and models of disability, the language of disablement, the concept of identity as a disabled person and decisions around disclosure. The latter can create additional concerns for disabled students in the context of practice placements (e.g. Riddell et al, 2007a; Stanley, Ridley, Manthorpe, Harris & Hurst, 2007), and is therefore of particular relevance to my research.

2.1 Models of Disability

Key constructs in the disability field are the social and medical models of disability, the definitions of disability that arise from these distinctive approaches and their impact on disability studies. In disability research, such models do not in themselves provide a theoretical explanation but they can help to aid understanding of human behaviour and social influences (Llewellyn & Hogan, 2000).

The social model of disability was first conceptualised by Oliver (1983) to challenge the commonly held view at that time that disability was localised in the individual, defined using medical terminology and existed in isolation from external influences or barriers; such an approach typifies the medical or individual model of disability:

“The individual model for me encompassed a whole range of issues and was underpinned by what I call the personal tragedy theory of disability.

But it also included psychological and medical aspects of disability; the latter being what I prefer to call the medicalisation of rather than the medical model of disability” (Oliver, 1990a, page 2).

Taking this approach a step further, the socio-medical perspective on disability that is typically adopted in health care, such as the ‘Disablement Process’ (Verbrugge & Jette, 1994), recognises the impact of impairment on a person’s ability to function in society and to perform everyday activities and, to an extent, the modifying influence or impact of environmental factors that “increase the gap between an individual’s functional capacity and their ability to carry out desired activities” (Clarke & George, 2005, page 1937).

However, such medical or individual models of disability still primarily focus on diagnostic labels and, in the context of higher education, falsely imply “that students with the same impairment have the same learning needs” (Matthews, 2009, page 231). Such assumptions are often based on disability categories which are typically utilised to capture disability disclosure information (for example, on application forms for University study and to request additional funding or support), and yet provide very little information on individual needs.

In contrast, the social model approach, driven by the Disabled People’s Movement (British Council of Disabled People, 1997) and the United Kingdom Disabled People’s Council (UKDPC), a group of disability organisations that represent the rights of disabled people, asserts that the poverty, disadvantage and social exclusion or oppression that is experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers within society. This view recognises that disabled people have impairments but, unlike the medical or individual model of disability, maintains that the exclusion or difficulties they experience are caused by society not their individual impairments (Oliver, 1990b).

A key proponent of the social model of disability, Vik Finkelstein, added further clarification that acknowledged the impact of different societies “...social models

only really make sense when understood in particular contexts. Change the context and the model may well become inappropriate” (Finkelstein, 2007, page 2). This change can be particularly evident as a disabled person moves from the context of school to higher education and subsequently on to employment. The barriers to access that can be encountered in such contexts are likely to be different and may therefore impact differently on the disabled person’s experience. It is therefore important to review any existing support arrangements and identify any additional barriers in discussion with the disabled person as they move from one context to another.

The social model of disability in its purest sense has been criticised, however, for its failure to recognise the impact of the restriction that can result from individual impairments rather than solely as a consequence of barriers imposed by society:

“It sounds much better to say ‘people are disabled by society, not by their bodies’ than to say ‘people are disabled by society as well as by their bodies’” (Shakespeare & Watson, 2002, page 11).

Contributions from the feminist perspective highlighted these failings even earlier. Crow (1996), in her personal reflection on the influence of the social model of disability, suggested that the social model, as defined at that time, failed to acknowledge the importance of individual experiences and personal interpretations of impairment. However, although there are clear links between the women’s movement and the disability movement in their attempts to redefine societal views, the apparent emphasis in some feminist writing on the subjective, individual experience of impairment rather than on identifying and removing barriers in society, does not naturally align with the experience of disabled people and “represents a very narrow view of feminism and its potential contribution to disability theory” (Sheldon, 1999, page 643).

Shakespeare (2006) subsequently provoked significant debate in the disability studies field following his assertion that the social model of disability was

outdated. He maintained that disability would remain even if all social barriers were removed, and proposed an alternative approach that recognised the interaction between impairment and environment. Conceptually, such an approach is not significantly different from the social model and, intuitively, it makes sense. However, Shakespeare's assertion that the social model of disability prevented theoretical debate and progress in disability studies' research has been rigorously challenged (Thomas, 2008).

This internal debate over the nuances of the social model approach may, however, be unhelpful and counterproductive. Indeed, Shakespeare and Watson (1997) suggested that social model proponents should instead focus their attention on convincing those who discount the social model approach in favour of the psychological or medical perspective for example, which fail to provide any distinction between impairment and disability. In addition, it is questionable whether such theoretical debates have any positive impact on the lives of disabled people and may actually restrict engagement with the action needed to address exclusion (Barnes & Mercer, 2004). In fact, thirty years since the social model of disability was first conceptualised in the UK, there is increasing need for action to address the poverty and disadvantage facing disabled people, particularly as a consequence of Government cuts to public services and benefits, rather than continue to engage in unproductive theoretical debate (Oliver, 2013).

2.2 The Language of Disability

Arising from the social model, and in recognition of the potential for language to be disabling (Oliver, 1996), the language of disability in the UK recognises that people have 'impairments', and that 'disability' is the outcome of the interaction between a person with an impairment and the attitudinal and environmental barriers they face. As such, the use of the term 'disabled people' is preferred over 'people with disabilities' as it places the emphasis on the disabling effect of barriers rather than on people's impairment (Mackelprang, 2010). This distinction, however, is unique to the UK and the term 'people with disabilities' is

generally preferred in the USA and Australia (Harpur, 2012), for example. Shakespeare and Watson (2002) have suggested that this distinction also reflects different perspectives on disability that place more or less emphasis on the impact of social oppression.

Such differences in approach to describing the interaction between impairment and society reflect the social construction of disability and its associated language and nomenclature. Indeed, socio-cultural differences are a major influence on the language of disability (Shaw & Hughes, 2006). Disability terminology can have different meanings and implications in different cultures and often changes over time, affecting disability statistics and making international comparisons difficult (Barnes & Mercer, 2005).

The 'International Classification of Impairments, Disabilities and Handicaps' (ICIDH), first published by the World Health Organisation (WHO, 1980) and subsequently revised to create the 'International Classification of Functioning, Disability and Health' (ICF) (WHO, 2001), exemplifies the shift in language describing disability. The most recent revision of the ICF (WHO, 2007) in particular moves away from the use of negative language such as impairment to the more neutral terms of 'body function', 'participation' and 'activity'. The term 'disability' is defined as the interaction between a person and the environment, acknowledging that everyone is at some point 'disabled'. In essence, the ICF attempts to bring together the social and medical approaches to disability in a 'biopsychosocial model', reflecting the biological, individual and social perspectives of health and functioning (Simkiss, 2008).

The language of disability in the UK also recognises that barriers can be reinforced by the use of terminology that creates a negative view or passive role for disabled people, as in the expressions 'suffering from' or 'wheelchair bound', or suggests people with the same impairment are a homogeneous group; as in the term 'the disabled' (Laurence & Marsh, 2002). It is therefore generally accepted that such negative language should be avoided when describing disability, whilst recognising socio-cultural differences in the concept of

disability, individual preferences in the use of language by disabled people, and the ongoing debate in the disability studies field.

2.3 Definitions of Disability and the Concept of Identity

The shift in emphasis from the impact of individual impairments to identifying barriers to access pre-dated the change in disability legislation in the UK, in particular the introduction of the Disability Equality Duty (DDA, 2005). This Duty required public sector authorities to move away from focussing solely on making reasonable adjustments in response to individual disability-related needs, to a more proactive and inclusive approach that removed barriers to access in all activities. It also recognised the importance of involving disabled people in developing policies and practices that were intended to promote inclusion; reflecting the “nothing about us, without us” slogan adopted by the disability rights movement (Charlton, 1998). This approach has been further reinforced in the UK by the introduction of the Equality Act (Equality Act, 2010).

Despite these changes, disability legislation in the UK has, however, continued to utilise the medical model approach to defining disability. Under the Equality Act, disability is defined as follows:

“A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities” (Equality Act, 2010, S6(1)).

This definition of disability was first introduced by the Disability Discrimination Act in 1995 (DDA, 1995) and, aside from subsequent minor amendments, has not changed. Such definitions are typically used to categorise individuals for policy, funding and statistical purposes but provide little insight into the impact of individual impairments. A needs-led approach, identifying barriers to access akin to the social model, is therefore important and is now typically promoted

throughout the education sector and increasingly in employment (e.g. Commission for Disabled Staff in Lifelong Learning, 2008; Equality Challenge Unit, 2011).

In contrast to the definition of disability under the Equality Act, the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006), which the UK signed and subsequently ratified in 2009, reflects the social model approach; defining disabled people as including “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (CRPD, 2006, Article 1). Indeed, the Convention recognises that disability is not fixed but rather is an evolving concept that “results from the interaction between persons with impairments and attitudinal and environmental barriers” (CRPD, 2006, Preamble).

Such variation in disability definitions aside, the development of the social model of disability also reflected the change in societal attitudes to disability and an increased emphasis on the importance of social inclusion. This was partly driven in the UK by political forces in the late 1990’s and led to the introduction of social policy and related legislation that was intended to specifically protect and enhance the rights of disabled people (Riddell, Tinklin & Wilson, 2005). At the same time, there was increasing recognition of the importance of listening to the views of disabled people and actively involving them in decisions that affected their access to employment and educational opportunities. The latter in particular was formalised by the introduction of the Disability Equality Duty in 2005.

Disability research in higher education has reflected this shift and, increasingly, studies have been designed to investigate the experiences and ‘voices’ of disabled students (e.g. Vickerman & Blundell, 2010), providing them with the opportunity to directly influence changes to the policies and procedures that impact on their experience. This approach was highlighted earlier by Barton (2003):

“One of the significant changes in my perspective and understanding (resulting from my studies of the writings, poetry and songs of disabled academics and activists) was an appreciation of the fundamental importance of the voices of disabled people” (Barton, 2003, page 7).

Research investigating the experience of disabled students has therefore attempted, for the most part, to recognise the impact of barriers to access and inclusion and to ascertain the views of those directly affected. However, the different definitions and models of disability, variations in disabled students' self-concept and identity, and potential disclosure concerns make it difficult to reliably obtain and interpret data on disabled students (HEFCE, 2009). In particular, identifying with the labels 'disability' and 'disabled' may not be an automatic process for some disabled students:

“The label 'disabled', which students must adopt to qualify for the Disabled Students Allowance, and the protection of the law, did not sit easily with many students' self-concept. This may prove a barrier to the effectiveness of equality legislation in this area. Many disabled students regarded other aspects of their identity as more salient (eg being a single parent, gay, Christian). Many students wanted to pass as non-disabled and therefore did not tell students or lecturers about their impairment. Students with a diagnosis of dyslexia or a mental health difficulty, in particular, rejected the term 'disabled', associating it with being a wheelchair user or having a sensory impairment. Some were prepared to use the term pragmatically to obtain the Disabled Students Allowance, but did not incorporate it into their sense of self” (Tinklin, Riddell & Wilson, 2004a, page 3).

Similar findings emerged from research by Coare, Houghton and McDonnell (2007) into the experiences of disabled students and graduates. They reported that, for many students in their study, their decision to identify with a disability label was influenced by several factors, including their previous educational experiences and their perceptions of how others would view them should they

disclose. They also highlighted the potential for fluctuation in identity over time, dependent to an extent on the nature of the student's impairment, and in different contexts where disclosure concerns may be amplified. The latter can be particularly evident and challenging for students when moving from education to employment (Riddell & Weedon, 2013).

There is also evidence to suggest that identifying with a specific impairment label rather than the umbrella term 'disability' is more likely for students with unseen or hidden impairments, such as dyslexia or mental health difficulties (Elliot & Wilson, 2008). However, students with such hidden impairments may also find ways to conceal or explain any outwardly evident signs of their impairment to avoid the need to formally disclose, and therefore the potential to be treated as different (Evans, 2013). Such actions may also stem from a desire to preserve an academic or student identity as a priority (Jacklin, 2011). Conversely, for some disabled students with hidden impairments, identifying with an impairment label can help to explain their difficulties and prevent assumptions being made about their performance; for example, a lack of effort or ability (Riddick, 2000).

In addition to the challenges presented by disability labels, if researchers in the disability field are to truly reflect the social model approach they need to address the challenge of translating the model into emancipatory research (Oliver, 1992) that actively involves disabled people, clarifies the purpose of the research in removing barriers, recognises the responsibilities that arise from the outcomes, and ensures any recommendations are put into practice for the benefit of disabled people. In short, addressing whose interests are being served by the research (Barnes & Mercer, 1997; Riddell, Tinklin & Wilson, 2004).

Assuming it is possible to design and undertake research to this ideal, the issue remains that, for a variety of reasons, many people with impairments do not consider themselves to be disabled (Shakespeare, 1996) or, perhaps more accurately, do not associate themselves with the term 'disabled'. Thus, research into the experiences of disabled students in higher education can only reflect

those individuals who identify with such a label, agree to participate and, for those whose impairment is not obvious, choose to disclose:

“Decisions about whether or not and how to define oneself as ‘disabled’ are likely to be heavily influenced by what are perceived to be the likely costs and benefits of doing or not doing so” (Rhodes et al, 2008, page 387).

Such costs and benefits can be particularly acute for disabled students studying vocational programmes of study, such as medicine and teaching. Indeed, there is evidence to suggest that disability identity can be particularly affected in the practice placement context by the perception of placement staff that disabled students create additional work (Wray et al, 2005). In addition, students can be concerned that assumptions may be made about their competence based on a disability label and choose not to disclose to their placement provider for this reason (Evans, 2013). There is also evidence to support that the formation of identity as a practicing professional may take precedence over everything else (Riddell et al, 2007a), particularly on transition to the workplace where the impact of non-disclosure may have unanticipated consequences:

“Strategies used to conceal impairments were perceived to have an immediate benefit in the sense that they permitted respondents to be hired and/or to retain employment. However, they also had a number of long-term costs. An ongoing lack of accommodation means individuals may be identified as problem workers and subsequently dismissed. Other costs include the impact on people’s health and well-being, both in terms of potential physical harm and the stress and anxiety associated with nondisclosure” (Wilton, 2006, page 35).

Given the above issues, and the assertions that “most disabled students are reluctant to adopt a disabled identity” (Barnes, 2007, page 142), only share information on a ‘need to know’ basis or when it feels safe to do so (Olney &

Brockelman, 2003), and in some cases “do not claim an identity based on their impairment” (Watson, 2002, page 524), gathering and interpreting data on students’ disclosure of a disability and their experience of higher education is fraught with challenges.

2.4 Disability Disclosure in Higher Education

“Regardless of whether the disability is apparent or hidden, people endeavor to control the timing and setting of disclosure. It appears that people with disabilities engage in an intricate decision-making process about revealing disability information” (Olney & Brockelman, 2003, page 49).

The preceding section highlighted the difficulties inherent in gathering and analysing data on disabled students and the limitations in assuming such students align themselves to a disabled identity at all. That aside, data on disabled students in higher education continues to be gathered, including for the provision of support or funding and for statistical monitoring purposes, and can provide useful insight into the impact of widening access and inclusion if viewed with these limitations in mind.

The number of students in UK higher education choosing to disclose a disability has increased steadily over the years, from 3.7% in 1994, when such figures were first published by the Higher Education Statistics Agency (HESA), to almost 9% in their most recent publication for Academic Year 2011/2012 (HESA, 2013a). The figures for disabled applicants to higher education show a similar increase over the years (from 5.7% in 2007, to 7.5% in 2012; UCAS²¹, 2013); the lower figure for applicants reflecting the fact that some disabled students choose to disclose, or are diagnosed or acquire disabilities, post admission.

²¹ UCAS: Universities and Colleges Admissions Service in the UK: <http://www.ucas.com/>

There are several possible reasons for this increase in the number of disabled students in higher education; widening access initiatives in the higher education sector have encouraged applications from students in previously underrepresented groups; disabled students are being routinely encouraged to disclose when applying to higher education and may feel more confident in doing so; and funding and legislative changes have improved the accessibility and attractiveness of higher education to disabled people, including changes to eligibility for the Disabled Students' Allowance (DSA) (Tinklin, Riddell & Wilson, 2004b). These changes are discussed more fully in Chapter 3.

The DSA is an individual allowance available to disabled students in the UK, who are studying at least 50% of a higher education course, to help meet the additional costs they may incur due to their disability. Widening of the eligibility criteria for the DSA, particularly removing the means-tested component and extending the provision to some postgraduate and part-time students, has led to increased take-up over the years, particularly in England and Wales (HESA, 2013b).

In Scotland, there has been a drive in recent years by the Scottish Government to encourage increased institutional responsibility to develop inclusive practices in line with their legal responsibilities under the Equality Act (2010) and, consequently, to reduce the number of disabled students requiring access to individual allowances through the DSA. Indeed, such an individual approach to meeting the needs of disabled students may be considered a disincentive to institutions' progress towards embedding inclusive practice (Brown & Simpson, 2004). At time of writing, the Scottish Government was undertaking a review of the DSA scheme to consider alternative funding options to further support inclusion in higher education (Scottish Government, 2013a). It is anticipated that these options could potentially provide greater flexibility in the administration of DSA funding, reduce delays and enable institutions to respond more quickly to disabled students' individual needs as they emerge. However, there is also the potential for greater inconsistencies across the sector in the provision of support unless funds are ring fenced and quality assurance measures are implemented to ensure institutional accountability (e.g. Brown & Simpson, 2004). In addition,

there is the potential for such a significant change in funding arrangements to impact negatively on disabled students' experience and independence. The involvement of disabled students when assessing the impact of such proposed changes is therefore essential; in line with the social model approach.

Various funding initiatives by the UK Higher Education Funding Councils since 1993 have developed and significantly improved provision for disabled students in higher education (e.g. SHEFC, 1996a). Such provision was strengthened by the extension of the Disability Discrimination Act to education in 2002 following the introduction of the Special Educational Needs and Disability Act (2001), which made it unlawful for universities to discriminate against disabled students and applicants, and placed new duties on universities to make reasonable adjustments to enable disabled students to access all student-related services; including all aspects of learning and teaching. Further details of the disability-related legislative and funding changes in the UK over the past twenty years are provided in Chapter 3.

In addition, the requirement on universities to gather, monitor and publish data on the admission, progression and retention of disabled students that was first introduced by the Disability Equality Duty in 2006, and subsequently strengthened by the Equality Act (2010), has obliged institutions to proactively encourage and record disability disclosure from the application stage and throughout the student cycle. A comprehensive analysis by the Department for Innovation, Universities and Skills (DIUS) of the data on disabled students in higher education, revealed that the proportion of applicants who had disclosed a disability had increased over time; from 4.8% in 2001 to 5.7% in 2007. The robustness of this data was questioned, however, due to the potential for students' underreporting of their disability status (DIUS, 2009).

Disability disclosure is, for the most part, dependent on students' self-assessment and classification of their impairment into pre-defined disability categories; for example, the categories used by the Universities and Colleges Admissions Service (UCAS) and the Higher Education Statistics Agency (HESA) to collect data on disabled students. However, neither the UCAS nor

the HESA data provide a complete picture of the number of disabled students in higher education as only those students declaring a disability either on application or post admission are recorded, which excludes those students who choose not to disclose for whatever reason.

Such potential for underreporting of disability status may lead to insufficient allocation of resources and therefore suggests institutions and funding councils should not rely solely on disability disclosure rates for funding or provision purposes. Indeed, although the latest HESA figures indicate that 9% of the first year student population disclosed a disability (HESA, 2013a), research indicates that the actual number of disabled students in higher education is likely to be much higher (e.g. ECU, 2012b; HEFCE, 2009; Riddell, 1998; Riddick, 2003):

“The research found that the majority of students who did not disclose on admission had hesitated to disclose for fear of such information affecting them, for example due to fears of not meeting competence standards or fitness-to-practise considerations” (ECU, 2012b, page 12).

The ECU (2012b) research provides useful insight into students’ reasons for disability disclosure, including in order to access support and to increase understanding by others of their disability-related needs, or to withhold this information; the latter particularly for students on vocational programmes where concerns were raised in this research about disclosure adversely affecting their aspirations for a professional career. Interestingly, some students also did not regard themselves as disabled or “not disabled enough” to disclose and raised concerns about “being seen as not suitable for higher education” (ECU, 2012b, page 8). In addition, a review of policy affecting disabled students by HEFCE highlighted several reasons for students’ non-disclosure; including, lack of awareness of their entitlement to support, insufficient opportunities to disclose, fear of discrimination and concerns about confidentiality (HEFCE, 2009).

Earlier, Riddell (1998) found similar reasons for non-disclosure and concluded that:

“Students are likely to make a series of judgements as to whether the advantages of disclosing an impairment will be outweighed by the disadvantages of doing so. Disclosing mental health difficulties, for example, may have a negative effect on future job applications and for this reason may be avoided” (Riddell, 1998, page 208).

In addition, Stanley et al (2007) reported that participants in their research varied in their acceptance of the disability label and, those that did accept this label, typically used it only to facilitate the provision of reasonable adjustments. Participants also reported associating the term ‘disabled’ with physical disability alone. There is therefore significant potential for under disclosure in response to disability labels or categories.

Funding available to disabled students in higher education through the Disabled Students’ Allowance (DSA) also utilises impairment categories. In addition, the DSA requires evidence of an impairment to be submitted from a suitably qualified professional to support the student’s application, and usually requires a full needs assessment from a disability specialist based in the student’s university. Such evidence is also typically requested by universities to justify the provision of some individual reasonable adjustments; for example, additional time in examinations. The motivation for disclosure may therefore, in some cases, be linked to perceived financial or educational benefits particularly in relation to the provision of reasonable adjustments or other disclosure-linked support (ECU, 2012b).

However, the use of different disability categories for funding, data gathering or support purposes, limits the comparability of the dataset, and allows variances in interpretation to affect validity. In addition, such categories take no account of individual differences or where a disabled person may lie on a continuum of impairment severity.

With their origin in the medical model of disability, impairment categories can also lead to assumptions being made about a student's individual needs (Hall & Healey, 2004), can be confusing for students (Prowse, 2009), cause them concern (Olney & Brockleman, 2003) and neglect the impact of personal or environmental factors on the student's experience (Palmer & Harley, 2012). The needs assessment process typically aims to overcome these difficulties by assessing the impact of a student's individual disability-related needs on their course of study, and identifying any barriers to learning; assuming that the student discloses a disability and seeks support.

Where impairment categories are not provided to encourage disability disclosure, a question based on the legal definition of disability within the Equality Act may be asked that is intended to elicit a yes/no response. This provides minimal information about the disabled person and is more likely to be subject to inaccuracies of measurement due to issues of misinterpretation and non-disclosure (Rose, 2006). Such inaccuracies are widely recognised to be an issue in the collation and analysis of disability statistics generally, although such data remains central to Government planning and policy development (WHO, 2008).

For those students with a visible indicator of impairment (for example, if they use a wheelchair) the decision to disclose is, to an extent, already made although this can often hide unseen impairments or lead to assumptions being made regarding the student's needs or barriers to access; an issue also with the use of impairment categories generally. Under the Equality Act (2010), universities can only be deemed to be responsible for making individual reasonable adjustments, as opposed to those they should make in anticipation of disabled students' needs generally, if they know, or could reasonably have been expected to know, about a student's impairment; for example, if an applicant requests information in a large print format.

For students with hidden impairments, the decision around disclosure is a personal choice but, as noted above, this may be confounded by their

interpretation of impairment categories. Students with dyslexia or mental health difficulties for example, may not consider themselves to be disabled and may therefore need further explanation of the term 'disability' (ECU, 2012b).

Students from other countries and cultures may also require additional clarification to be provided (Shaw & Hughes, 2006; Shuttleworth & Kasnitz, 2005), particularly if they are aware of discriminatory practices in their country of origin when a disability is disclosed (ECU, 2012b). In addition, some disabled people may not have encountered significant barriers to access prior to university so may not perceive themselves to be disabled until the environment, or the attitudes of others, present such barriers (Goode, 2007); as illustrated by the social model of disability.

The timing of disclosure may also be influenced by the nature of the impairment itself. Some students may already have a disability when they apply to University. Others may become disabled or become aware of an existing disability only after their programme has started. This is particularly the case in relation to dyslexia as most higher education institutions in the UK now offer a dyslexia screening and diagnostic service (Harrison, Hemingway, Sheldon, Pawson & Barnes, 2009). Other students may have fluctuating conditions or may be disabled temporarily by accident or illness and may therefore consider themselves to be disabled at different times in their university career. In addition, as noted above, disclosure may only be prompted when a barrier to access is encountered, including when the demands of the student's course change or increase; for example, the requirement on some courses to write a dissertation in the final year.

Decisions around disclosure of a disability may also be influenced by potential discrimination concerns, particularly in professional disciplines where disabled people are typically underrepresented and fitness to practice issues can restrict access on the grounds of health and safety (Stanley et al, 2011). Research on the attitudes to the admission of disabled students to professional programmes supports the legitimacy of this concern (e.g. Riddick & English, 2006; Roberts, Butler & Boursicot, 2004).

In addition, disabled students on professional practice placements may feel concerned about disclosing to a potential future employer (Wray et al, 2005), although the benefits of doing so are recognised by some in order to ensure the provision of reasonable adjustments (Riddell et al, 2007a). Clarification of why disclosure information is being requested, who will be informed and how this information will be used can help to allay such concerns. However, experiences of disclosure on placement and the adequacy of support can be highly variable, particularly in the absence of clear policies and procedures for encouraging, and appropriately sharing, disclosure information (Sin & Fong, 2008).

There is also evidence to suggest that disabled students may perceive others, particularly those without impairments, to have a limited understanding of disability and this can lead to the decision to withhold details of their impairment on practice placements (Brown, James & Mackenzie, 2006). The length of the placement, and therefore the potential to build relationships with placement staff, and a self-assessment of the benefits and risks of disclosure, to themselves and to others, have also been shown to affect students' decisions to disclose in placement settings (Morris & Turnbull, 2007). These issues are discussed in more detail in Chapter 4.

In addition, as previously discussed, such disclosure decisions may be influenced by the concept of identity; identity as a student, as a disabled student or as any other salient group. The term 'disabled' is not necessarily part of a disabled student's self-concept (Riddell et al, 2007a) and, for some, may elicit feelings of discomfort (Stanley et al, 2011). As Prowse concludes:

"There was a tacit resistance of individual or, more controversially, collective identity as 'disabled'...Many of the students actively sought to liberate themselves from what they experienced as a deficient identity; an identity situated firmly within a medical deficit model. Although the medical system of categorisation might benefit the institution and the student financially, the present study suggests it enforces a problematic process of disclosure" (Prowse, 2009, page 95).

Yet, legislation, funding allowances, and higher education provision for disabled students, continue to be couched in 'disabled' terms and identifying with such terminology is often the first step in seeking assistance. Despite the shift in disability legislation to promoting inclusion, the use of the term 'disabled' can therefore continue to reinforce differences, individualise issues and discourage disclosure.

3. Chapter 3 - Legislation, Funding and Regulatory Frameworks in UK Higher Education

A summary of the key disability-related legislative, funding and regulatory frameworks in UK higher education is provided in this Chapter, together with developments in universities' disability-related provision, to set the context for the experience of disabled students and the challenges faced by higher education institutions in balancing the rights of disabled students with complex legal and statutory requirements. In particular, it is relevant to consider the significant developments in disability-related legislation in the past twenty years, and the subsequent impact this has had on higher education funding and provision for disabled students.

3.1 Disability-Related Legislation and Quality Assurance

The introduction of the Disability Discrimination Act (DDA, 1995), heralded a recognition in the UK of the rights of disabled people to equal access to employment, and to goods, facilities and services. UK Government policies since the 1990s have also increasingly aimed to address the barriers disabled people can experience in everyday life (e.g. Riddell et al, 2005), partly as a result of pressure from organisations working on behalf of disabled people; including, in higher education, Skill: The National Bureau for Students with Disabilities (Hall & Tinklin, 1998) and subsequently, following the closure of Skill, Disability Rights UK²². However, the positive impact of such Government policies has been contested, particularly in relation to their basis in the medical model of disability (Roulstone, 2004), and for their potential to have a disproportionate and adverse effect on some disabled people (Morris, 2011).

The DDA (1995) specifically placed statutory duties on employers, including higher education institutions, to make reasonable adjustments to meet the needs of disabled employees and made it unlawful to discriminate against a

²² Disability Rights UK is a charity run by and for disabled people:
<http://www.disabilityrightsuk.org/>

disabled person in recruitment, training and retention. The DDA also required all higher education institutions to publish a Disability Statement which outlined their policies and provision for disabled students, and to review this every three years (Higher Education Funding Council for England, 1996b; Scottish Higher Education Funding Council, 1996b). Such Statements aimed to clarify, and raise awareness of, institutions' provision for disabled students, particularly for applicants and prospective students, and were considered to have a positive impact in this respect (Parker, 1997).

The DDA requirements were strengthened by publication of the Dearing Report (National Committee of Enquiry into Higher Education, 1997) that recommended widening access priorities for universities and the UK higher education funding councils, including specific measures to address the learning needs of disabled students, and removal of the means-tested component of the Disabled Students' Allowance (DSA); the latter was considered to unfairly restrict access to higher education by some disabled students (Robertson & Hillman, 1997). The details of the Dearing recommendations for disabled students have been challenged, however, for the extent to which they genuinely reflected the social model of disability. In particular, statements regarding the need for institutions to address barriers to access appeared to contradict with suggestions that disabled students' support costs should be identified on the basis of disability categories, without acknowledging individual differences or the impact of the student's institutional context (Hurst, 1999).

The DDA was subsequently extended to cover all aspects of further and higher education following the introduction of the Special Educational Needs and Disability Act (SENDA, 2001). This legislation made it unlawful for universities to treat disabled students less favourably than other students in admission to, and exclusion from, higher education and in the services they provided for students generally; including all aspects of teaching and assessment, and off campus learning such as work or practice placements. In addition, this legislation required education providers to make reasonable adjustments to their provision where disabled students would otherwise be substantially disadvantaged and to make such adjustments in anticipation of disabled students' needs, as far as

possible; marking the beginning of a proactive and inclusive approach to the provision of higher education.

The duty to make reasonable adjustments was introduced over a period of four years and, by 2005, extended to all policies, practices and procedures adopted by higher education institutions, including those pertaining to their physical estate, and to the provision of auxiliary aids and services; such as technological or personal support for disabled students. The latter can be funded through the DSA for eligible disabled students but are a requirement of institutions whether or not the student is eligible for this funding. Such costs can potentially be significant, however, particularly for students requiring extensive specialist support such as sign language interpretation.

Judgements on the 'reasonableness' of such provision can therefore prove challenging for institutions and may ultimately impact on the student's experience. The Codes of Practice prepared by the then Disability Rights Commission (DRC)²³ to support institutions' response to the DDA requirements, provided possible factors that could be taken into account when determining the reasonableness of an adjustment; including the overall cost and the financial resources available to the institution. However, it was also clear from the Codes of Practice that there was no justification for failing to make a reasonable adjustment and the responsibility rested with the institution to demonstrate that they had not treated a disabled student less favourably if the adjustment was not provided (DRC, 2007a).

Following the introduction of the DDA Amendment Regulations in 2004 (DDA, 2003), additional responsibilities were placed on universities to liaise with work placement providers and external professional bodies, such as the General Medical Council²⁴, to ensure that reasonable adjustments were made to work placements to meet the needs of disabled students. In essence, placement providers were required to treat the disabled student as an employee for the

²³ The Disability Rights Commission (DRC), the Commission for Racial Equality (CRE) and the Equal Opportunities Commission (EOC) were merged into the new Equality and Human Rights Commission (EHRC) in 2007: <http://www.equalityhumanrights.com/>

²⁴ The General Medical Council (GMC) registers doctors to practise medicine in the UK: www.gmc-uk.org/

duration of the placement and were therefore legally required to make reasonable adjustments to accommodate their disability-related needs under the DDA (1995). Adjustments in this context may, for example, include flexibility in the placement location or hours of work, the provision of specialist equipment, or adaptations to working practices. Universities and placement providers had joint responsibility in this respect to ensure disabled students were not disadvantaged in the placement context.

Professional bodies were also required to make reasonable adjustments to their procedures for conferring professional qualifications and for assessing the associated 'competence standards':

“A competence standard is an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability” (Equality Act, 2010, sch13, para 4(3)).

The application of such standards is not subject to the requirement to make reasonable adjustments but this duty does apply to the process by which competence is assessed. Universities and professional bodies were therefore expected to liaise to determine genuine competence standards for specific programmes of study, and the extent of flexibility in assessment to enable disabled students to demonstrate the required competencies (Equality and Human Rights Commission, 2008).

Subsequent revisions to the DDA introduced the Disability Equality Duty in 2006 (DDA, 2005), and a shift in focus from making individual adjustments to a proactive approach to promoting equality of opportunity for disabled people, eliminating discrimination and developing inclusive practices. This recognised that some adjustments for individual disabled students would not be necessary if university services were delivered in an inclusive manner. As public sector authorities, universities were required to publish a Disability Equality Scheme (DES) presenting in detail how they were responding to the requirements of the new Duty (DRC, 2006), including through the identification of a three-year action plan detailing specific objectives across five aspects of their operation;

management and strategic planning, services for staff, services for students, services for members of the public, and their physical estate. Such objectives could include, for example, establishing procedures to ensure accessibility improvements were built into estates' programme budgets, and monitoring feedback from disabled students on their learning and assessment experience.

Universities were also required to assess the impact of their existing and proposed policies and activities on disabled people, to report on progress every year and to review their DES every three years. A key aspect of the Disability Equality Duty was the requirement to involve disabled people in identifying priorities for action. This marked a shift in approach and recognition that it was not possible to ensure disability equality without input from disabled people and from organisations representing disabled people (Barton, 2003; Charlton, 1998).

The introduction of the Equality Act (Equality Act, 2010), repealed all existing equalities legislation in the UK, including the Disability Discrimination Act. The Equality Act aimed to harmonise and strengthen discrimination law, and to support public sector authorities' progress on promoting equality, including through a more systematic and evidence-based approach across all nine equality strands, termed 'protected characteristics'; Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, and Sexual Orientation.

In relation to the disability duties of the Equality Act, all previous requirements under the DDA were retained, including the duty to make reasonable adjustments for disabled students, and the legislation strengthened to introduce new responsibilities in relation to discrimination arising from a disability and discrimination by association; in addition to those relating to direct and indirect discrimination, harassment and victimisation. Examples offering clarification of each of these distinctive forms of discrimination are provided in the Equality and Human Rights Commission's (EHRC) associated guidance on the Equality Act

for institutions, in particular the Technical Guidance on Further and Higher Education²⁵.

Further responsibilities on universities in Scotland were introduced by the Education (Additional Support for Learning) (Scotland) Act (2004). This legislation required universities to assist in the transition of disabled students from schools and colleges to enable, as far as possible, a continuum of support to be delivered on entry to higher education. In addition, the Scottish Funding Council's new outcome agreements with Scottish universities, introduced in 2012 as a way for universities to demonstrate their contribution to society in return for public investment, highlighted the importance of widening access to higher education for students from lower socio-economic groups, improving retention, and promoting equality and diversity in line with Scottish Ministerial priorities (Universities Scotland, 2012).

Universities' accountability for the provision they make for disabled students is also strengthened by the higher education Quality Assurance Agency's (QAA) Code of Practice for Disabled Students which states:

“Accessible and appropriate provision is not ‘additional’, but a core element of the overall service that an institution makes available. The entitlements of disabled students need to be managed and have their quality assured in the same way as any other provision. Institutions should be able to address individual cases effectively and also manage their provision in a way that develops an inclusive culture” (QAA, 2010, page 4).

At time of writing, a new Quality Code was being introduced by the QAA to replace the separate Codes of Practice for institutions' academic infrastructure, including the Code relating to disabled students. Reflecting the changing

²⁵ EHRC's technical guidance: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>

legislative framework, the new Quality Code takes a more inclusive approach to assuring the standards of such provision. For example,

“...disabled students and non-disabled students are offered learning opportunities that are equally accessible to them, by means of inclusive design wherever possible and by means of reasonable individual adjustments wherever necessary” (QAA, 2012b, page 4).

The QAA sets the standards expected of higher education in the UK and promotes quality enhancement, with a focus on improving the student experience, through regular reviews of institutional provision and practice. The QAA's Enhancement-Led Institutional Review (ELIR) process in Scotland pays particular attention to an institution's approach to supporting equality and diversity in the student population, including its provision for disabled students (QAA, 2012a).

The higher education legislative and quality assurance framework in relation to disability therefore remains very complex. There is general consensus that such requirements have proved a driver for change and, consequently, have had a positive effect on improving access to higher education for disabled students, and ultimately on their experience (e.g. Harrison et al, 2009). However, there is also evidence to support variation at the institutional level, in the way in which such requirements are interpreted and implemented, particularly in relation to institutions' ethos and culture, and individual staff responses, resulting in inconsistencies of approach (Riddell et al, 2007b). Universities therefore need to ensure not only that all aspects of their operation comply with these requirements, but that university staff are also sufficiently aware and committed to consistently supporting that compliance.

This can be enabled through regular staff training, and through the development, monitoring and review of equality and diversity policies and procedures that are consistently implemented across the institution. Numerous resources are available to support institutions in meeting their legal obligations,

including guidance from the Equality and Human Rights Commission²⁶, the Equality Challenge Unit²⁷, the Higher Education Academy (e.g. May & Felsinger, 2010) and specific guidance in relation to ensuring fair admissions (Equality Challenge Unit, 2012a; Supporting Professionalism in Admissions, SPA, 2011). In addition, specific funding has been allocated by the UK higher education funding councils over the past twenty years to enable institutions to respond to disability-related legislative requirements. This is discussed in more detail in section 3.3.

3.2 Regulatory Frameworks of Professional Programmes

The regulatory frameworks of professional qualifications add to the complex legal and statutory requirements that universities need to consider when implementing adjustments for disabled students, including regulations relating to health and fitness. A review of these regulations was undertaken by Sin, Fong, Momin and Forbes (2007) to inform the Disability Rights Commission's (DRC) formal investigation into professional fitness standards in nursing, teaching and social work (DRC, 2007b). Sin et al (2007) found that the statutory regulations of 'good health and character' and 'physical and mental fitness' for students and professionals in nursing, teaching and social work had a negative impact on disabled people wishing to enter and remain in these professions. They also found no evidence to confirm such standards offered any protection to the public. They concluded that the regulatory frameworks surrounding professional programmes reinforced negative assumptions and attitudes towards disabled people. This was deemed to be the consequence of the 'medicalisation of disability' due to the reliance on medical information, and medical professionals', such as occupational health specialists', opinions and assessments of disabled applicants' fitness and suitability for professional programmes (Sin, 2009).

²⁶ <http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/>

²⁷ <http://www.ecu.ac.uk/subjects/equality-act-2010>

Further input into the DRC's formal investigation into fitness standards was provided by a comprehensive legal review of the complex regulatory frameworks of a range of professions in England, Scotland and Wales; including nursing, teaching, social work, medicine and dentistry (Ruebain, Honigmann, Mountfield & Parker, 2006). Ruebain et al (2006) found that, with the exception of teaching, there were very few references to the DDA in such frameworks and no references to the specific DDA obligations of professional bodies. The concept of 'fitness' was also defined in different ways by different professions and in different jurisdictions; for example, the fitness standards for teaching and social work were found to be less stringent in Scotland than in England and Wales. In particular, following an extensive consultation undertaken by the then Scottish Executive, the General Teaching Council for Scotland (GTCS) had already removed the requirement for applicants to Initial Teacher Education (ITE) programmes to undertake a health screening (Scottish Executive, 2004).

The DRC's investigation (DRC, 2007b) concluded that the statutory health standards at that time were discriminatory and led to regulatory bodies, universities and, in some cases, employers discriminating against disabled people. Such standards can also be a deterrent to disclosure of a disability and may therefore result in lower attainment and performance by disabled students and professionals if reasonable adjustments are not identified and implemented where needed. Specifically, the DRC recommended that higher education institutions should "take steps to ensure that, with the permission of disabled students, sufficient information about adjustments is shared with work placement providers" (DRC, 2007b, page 25). In addition, the DRC recommended a review of health and fitness standards across the professions generally and advised against judging the likely future competence of disabled applicants at point of entry.

Further insight into the impact of fitness standards was provided by a review of UK Medical Schools' pre-entry fitness assessments which identified that Medical Schools varied in their application of the General Medical Council's (GMC) fitness standards for medical students (Swann, 2007). Swann (2007) concluded that, although serious disability was uncommon amongst medical

students, it did not necessarily preclude fitness to practice. In addition, there was evidence to support that the most significant health-related difficulties that resulted in a student's failure to meet fitness to practice standards, developed post-admission; leading to the following recommendation:

“Screening of applicants should continue, but its primary purpose should be to assess support needs, and identify applicants who should defer entry to recover from illness, rather than to exclude those who may be unfit to practise (Swann, 2007, page 3).

Since the DRC's (2007b) formal investigation, professional fitness standards have been reviewed in a number of professions and, despite the continued reference to “health and physical capacity to teach” in the fitness standards for initial teaching training in England (National College for Teaching and Leadership, 2013, page 10), other professional bodies now increasingly consider whether the implementation of reasonable adjustments would enable safe and effective practice; including the Nursing and Midwifery Council (2010) and the Health and Care Professions Council (2012). The General Teaching Council for Scotland (GTCS), for example, has introduced a suite of standards that set out the competencies expected of practising teachers, including a Code of Professionalism and Conduct (GTCS, 2012a) and the Standards for Registration (GTCS, 2012b) where the only reference to disability in relation to practising teachers states:

“The SFR (Standard for Full Registration) is the gateway to the profession and the benchmark of teacher competence for all teachers. It must therefore constitute standards of capability in relation to teaching (with such reasonable adjustments as may be required under Equalities Legislation) in which learners, parents, the profession itself and the wider community can have confidence” (GTCS, 2012b, page 2).

Nevertheless, making judgements about the reasonableness of adjustments within this complex legal and regulatory context remains very challenging and requires universities to ensure that decisions around the admission and progression of disabled students are made on the basis of students' individual needs and not on impairment categories or assumed capabilities, while taking cognisance of the requirements of professional competencies. This should be supported through the provision of clear, accessible information on specific programme and fitness to practice requirements for prospective students and applicants to enable disabled people to make informed choices prior to application (Tynan, 2003, 2004). The impact of this complex regulatory framework on disabled students' experience on professional programmes is explored in more detail in Chapter 4.

3.3 Disability Funding and Provision in Higher Education

Funding for higher education institutions in the UK is allocated by the Higher Education Funding Councils. Such funding is predominantly made through teaching and research grants and, until the 1990s, there was no specific allocation to meet the needs of disabled students (Parker, 1998). Since then, however, various funding council initiatives have supported institutions to respond to the changing legal framework and the increasing numbers of students disclosing a disability (DIUS, 2009; HEFCE, 1999).

In 1993, the Higher Education Funding Council for England (HEFCE) first allocated ring-fenced funds to finance projects designed to improve access and to establish programmes to encourage participation in higher education by disabled people. These funds were intended to encourage institutions to prioritise disability issues, including to address and improve the accessibility of university estate, and to establish dedicated posts to co-ordinate and deliver support for disabled students (HEFCE, 1996a). A National Disability Team (NDT) was subsequently established by HEFCE to further improve provision for disabled students across England and Northern Ireland and to support institutions' response to the legislative changes (HEFCE, 2000).

In Scotland, the Scottish Higher Education Funding Council (now the Scottish Funding Council) introduced a range of similar initiatives over a three year period from 1993 to 1996; the Disabled Students' Initiative (DSI), the Support for Students with Disabilities - Equipment (SSD-E) initiative, and the Support for Students with Disabilities - Staff (SSD-S) initiative (SHEFC, 1996a). The latter helped to establish specialist Disability Coordinator posts in universities across Scotland to manage the delivery of services for disabled students, a National Coordinator for Students with Disabilities to provide expert advice to the higher education sector in Scotland, and subsequently established the Scottish Disability Team to support the sector-wide development of disability-related policies and practices, and the delivery of staff development opportunities.

However, the longer term impact of such short-term funding council initiatives, although very successful in developing and establishing disability-related provision across the sector, was deemed to be limited:

“Unless a central commitment to facilitating and funding the educational abilities of people who have disabilities in other domains is clearly established and maintained, it is unlikely that significant changes in the provision for, an inclusion of, students with disabilities in higher education will continue to be implemented” (Curran, McGee & Reynolds, 1994, page 18).

Indeed, there is evidence to suggest that such initiatives have not resulted in long-term strategic changes within higher education policy, or consistency in institutions' approach to inclusive practice and mainstreaming of disability provision (Hall & Tinklin, 1998; Riddell, Tinklin & Wilson, 2003). This is discussed in more detail in Chapter 4.

The work of the Scottish Disability Team and the National Disability Team is now delivered through Action on Access²⁸ and the Equality Challenge Unit

²⁸ <http://actiononaccess.org/>

(ECU)²⁹ in partnership with the Higher Education Academy (HEA)³⁰, reflecting the shift in the legal framework to an equalities approach. Specifically, although Action on Access is primarily concerned with promoting initiatives to widen participation by disabled students, the HEA has a focus on enabling equality in teaching and learning and the ECU has a wider remit to promote equality and diversity in higher education generally. In addition, universities throughout the UK now typically employ Equality and Diversity Officers who work in liaison with specialist Disability Services' staff dedicated to the support of disabled students and to enabling colleagues to implement anticipatory adjustments, particularly through the provision of training and guidance on inclusive practice.

Additional developments in Scotland have included specific funding to evaluate institutions' compliance with disability legislation in three areas; access to the curriculum, disability policies and procedures, and estates management and access to facilities (SHEFC, 2000). In relation to access to the curriculum, the Teachability Project 'Creating an Accessible Curriculum for Students with Disabilities' (Teachability, 2000) was funded by the Scottish Higher Education Funding Council from 1999 to 2006. It provided staff development materials and training opportunities to promote an inclusive curriculum for disabled students and to support reflection on teaching practice.

Such an approach can help universities to respond to the many legal challenges noted above and to move towards the provision of a more inclusive learning and teaching environment for all students. In particular, it supports identification of core competencies for specific programmes and the extent of flexibility for adjustments in teaching and assessment, including in the practice placement context where the identification and implementation of adjustments can be particularly challenging. A review of the Teachability approach in practice revealed that there was wide variation in the accessibility of the higher education curriculum, both within subject areas and within institutions, which appeared to be a consequence of differences in staff attitudes and the extent of

²⁹ <http://www.ecu.ac.uk/>

³⁰ <http://www.heacademy.ac.uk/>

their knowledge of accessibility issues and the resources available to them (Simpson, 2001).

In academic year 2000/2001, the Higher Education Funding Councils across the UK also introduced a new annual funding stream for universities to support their disability provision through the Disabled Students' Premium (DSP). In England and Wales, this was, and remains, calculated on the basis of the number of students at each university who are in receipt of the Disabled Students' Allowance (DSA). However, since 2007, DSP funding allocation for Scottish universities has been calculated on the basis of full-time equivalent (FTE) student numbers rather than on those in receipt of the DSA, following a review by the Scottish Funding Council (SFC) (SFC, 2007). The rationale for this change was to respond to the perceived flaw in utilising self-declared disability status, as required for the DSA for funding allocation purposes, to the upward trend in DSA applications each year, and to concerns raised in relation to the potential over-reliance by institutions on such individual allowances; in effect, those institutions with high levels of DSA applications were perceived to have been rewarded with a higher level of DSP funding and therefore potentially lacked the incentive to become more inclusive.

The Disabled Students' Allowance (DSA), in its current form, was first introduced in 1990 as a supplementary allowance for individual disabled students who incurred additional expenditure as a result of their disability while undertaking a higher education course (Harrison et al, 2009). It can be used to help meet the cost of specialist equipment, such as text-to-speech software, personal support (termed Non-Medical Personal Help) and consumables, such as paper and print cartridges. The numbers of students in receipt of DSA funding has steadily increased over the years from 2.5% of all full-time undergraduates in academic year 2002/2003, to 5.9% in academic year 2011/2012 (HESA, 2013b).

As noted above, this year-on-year increase in students receiving DSA funding prompted the Scottish Funding Council to review its funding allocation mechanism for the Disabled Students' Premium. In addition, as discussed in

Chapter 2, the Scottish Government is currently undertaking a review of DSA funding to consider whether the responsibility for the allocation of such funding would be better devolved to institutions to reduce the administrative bureaucracy, and consequently potentially improve timely access to support for disabled students (Scottish Government, 2013a).

Additional funding for universities has also been made available through the inclusive practice research programmes offered by the Higher Education Academy (HEA) on a competitive bids basis. This has included funding for institutions to explore specific initiatives in relation to disability equality or widening participation (May & Bridger, 2010), and a programme of initiatives involving 16 institutions across the UK intended to promote the development of an inclusive culture in higher education (HEA, 2011).

3.4 Measures of Student Satisfaction

Alongside the funding initiatives and changes noted above, the higher education sector has become increasingly aware of the need to collate, assess and respond to student feedback on their university experience, and several national surveys have been introduced to capture the student voice; including, the National Student Survey (HEFCE, 2013b), the Student Barometer and the International Student Barometer³¹, the Times Higher Education (THE) Student Experience Survey³², the Postgraduate Research Experience and the Postgraduate Taught Experience surveys³³.

Such measures of student satisfaction reflect a shift in emphasis by institutions, recognising the student as a consumer in an increasingly competitive and costly higher education market (Department for Business, Innovation and Skills, 2011). They also provide some indication of students' views on the support services available to them, although they do not as yet provide a detailed

³¹ <http://www.i-graduate.org/services/international-student-barometer-and-student-barometer/>

³² <http://www.timeshighereducation.co.uk/news/the-student-experience-survey-2013/2003450.article>

³³ <http://www.heacademy.ac.uk/surveys>

analysis of the views of students who disclose a disability. Research studies have reflected this shift from examining policy and provision for disabled students to increasingly searching for the disabled student voice (e.g. Vickerman & Blundell, 2010).

The following Chapter presents a review of the literature on disabled students' experience of higher education and, in particular, their experience on professional programmes where the complex legal and statutory requirements previously discussed can present additional challenges for staff, and can ultimately impact on the student experience.

4. Chapter 4 - Literature Review: Experience of Disabled Students in Higher Education

4.1 Literature Search Strategy

As indicated in Chapter 1, my approach to identifying literature of relevance to the experience of disabled students in higher education initially included a search of research undertaken in other countries. I subsequently focussed on the UK literature, as I was particularly interested in the potential impact of the significant legislative changes in the UK on disabled students' experience since the extension of the Disability Discrimination Act to higher education in 2001, including comparing research outcomes before and after these changes. I was also interested in the extent to which such legislative changes had permeated the fitness to practice and other professional standards expected of students undertaking programmes leading to professional accreditation and in the impact, if any, on the experience of disabled students on such programmes.

From the volume of literature identified that met the search criteria (see Appendix 1), I decided to organise the literature review on the basis of disabled students' journeys into and through higher education, from their transition experience to their experience of teaching and assessment, and then specifically on their experience of professional programmes. Within this framework, I also decided to group the literature to reflect the shift in UK legislation from making reactive individual adjustments for disabled students, to a proactive approach to inclusion. The following literature review therefore includes reference to relevant resources and guidance for institutions that were intended to support the higher education sector in this shift, as well as research studies on disabled students' experience of higher education.

The literature review begins with a brief introduction to the wider student experience literature and a reminder of the legislative changes that prompted an increased focus on research studies investigating the experience of disabled students, before considering the numerous studies that have aimed to capture this experience from a range of perspectives.

4.2 Introduction to Literature Review

It is clear from the preceding Chapters that the UK higher education legislative, funding and regulatory frameworks impact on the delivery of university programmes and ultimately on the student experience. In addition, measures of student satisfaction with their learning experience are at the forefront of the higher education quality assurance agenda (e.g. Bekhradnia & Darian, 2013; Ertl & Wright, 2008), in a climate of increasing accountability and public scrutiny; including on the basis of the outcomes of national student surveys and associated institutional benchmarking (Buckley, 2013; Richardson, 2005). Analysis of the feedback of students in different demographic groups in such surveys is limited but there is evidence to suggest that disabled students are less positive about some aspects of their higher education experience than non-disabled students, particularly students with dyslexia (Surridge, 2008), and in relation to the organisation of their course and access to learning resources (Buckley, 2012).

Research on the student experience has also become increasingly prevalent over the past twenty years (e.g. Forrester, Motteram, Parkinson & Slaouti, 2005; Lizzio, Wilson & Simons, 2002; NUS, 2012a), in recognition of the importance of student feedback to assess the quality of their higher education experience. For disabled students, such research has been undertaken in the UK since the early 1990s, predating the introduction of the Disability Discrimination Act in 1995 and subsequently its extension to higher education in 2001 (SENDA, 2001). Hurst (1996) contested that very little was known about disabled people in higher education in the UK prior to this time, aside from statistical reports of the number of students with impairments, as research had tended to explore the barriers to access for students in other under-represented groups; such as those based on social class, gender or ethnic origin. Indeed, Barnes (1991) concluded that the majority of UK higher education institutions at that time were inaccessible to disabled students and many appeared unwilling to change.

Following the introduction of the Further and Higher Education Act (1992), and the equivalent legislation in Scotland (Further and Higher Education (Scotland)

Act, 1992), there was recognition by the newly established Higher Education Funding Councils throughout the UK that institutions needed to improve participation rates and provision for disabled students (Hurst, 1999). This was promoted through the allocation of additional funding to institutions to support a number of disability-related initiatives, as discussed in Chapter 3. Subsequently, extensive resources and guidance were developed to support higher education staff to respond to the changing disability-related legal framework, including through the provision of reasonable adjustments and the development of an inclusive learning environment (e.g. DART Project, 2005; ECU, 2010; Felsinger & Byford, 2010; Gravestock & Healey, 2001; Herrington & Simpson, 2002; SCIPS Project, 2004; Teachability, 2000; Thomas & May, 2010).

A raft of research was also generated that investigated the experience of disabled students' in higher education, and institutions' response to their needs. The majority of the research in this area is qualitative in nature, reporting first-hand disabled students' views on their experiences, and typically falls into three approaches: firstly, the identification of barriers to inclusion, including those relating to restrictions in subject or institution choice during transition to higher education; secondly, students' experience of reasonable adjustments and staff attitudes to the implementation of such adjustments; and thirdly, institutions' attempts to mainstream disability provision in line with the principle of inclusiveness (Beattie, 1999; Tomlinson, 1996) and the widening access agenda (Bhagat & O'Neill, 2011; David et al, 2008; Mullen, 2010; Riddell, Wilson & Tinklin, 2002). Each of these approaches is explored in more detail in the following sections.

4.3 Barriers to Inclusion and Transition to Higher Education

A range of barriers can be experienced by disabled students when accessing higher education, including physical and attitudinal barriers and limited access to information (Tinklin & Hall, 1999). One of the first studies to consider disabled students' experience of transition to higher education was undertaken by Hurst (1993). Using a case history approach across two institutions in England, the main outcome of this research indicated that disabled students' success in gaining access to higher education depended on the availability of appropriate support facilities to meet their needs. Hurst therefore highlighted the importance of the disability-related policy and provision that institutions had started to introduce in response to the UK Higher Education Funding Councils' initiatives in the 1990s.

Subsequent research on disabled students' transition experience confirmed the importance of access to appropriate information and support but also the need for clarity in the meaning of the term 'disabled', particularly for students with unseen or hidden disabilities such as dyslexia (Elliot & Wilson, 2008), to ensure that prospective students understand the relevance of the available support to their needs. The presence of disabled staff and disabled students during induction events has also been shown to encourage new and prospective students to seek advice and may provide reassurance of the benefits of disclosure (ECU, 2012b). In addition, positive stories from disabled students of their experiences in higher education can provide useful insight into the transition process and may help to allay concerns regarding the availability of support (Disability Rights UK, 2013).

There is also evidence to suggest, however, that disabled students with different impairments can have very different experiences on entering higher education, with some reporting a positive and seamless transition and others, particularly those with mental health difficulties, experiencing greater difficulty (Demery, Thirlaway & Mercer, 2012; Mundia, 2010; Weedon & Riddell, 2007). Indeed, students with such unseen disabilities can be frustrated by the lack of support or inappropriate challenges regarding the legitimacy of their disability,

while those with visible disabilities can experience a patronising attitude from staff together with apparent lower expectations of their potential for academic achievement (Madriaga, 2007). As discussed in Chapter 2, such attitudes are framed by the medical model of disability which locates the problem within the disabled student based on assumptions about the implications of a particular disability label or category (Hall & Healey, 2004).

A comprehensive review of the provision for disabled students in higher education in England and Wales (Harrison et al, 2009), confirmed that there are several areas where barriers to inclusion may be experienced by disabled students with specific impairments, including access to learning materials and staff attitudes, particularly for students with visual impairments or mental health difficulties. This review highlighted the importance of early liaison and dialogue between all parties involved in the transition process, and the need for further research on transition into postgraduate study and employment in particular, where the attitudinal and access issues experienced by disabled students can be exacerbated unless effective exit strategies are developed; particularly in relation to finding and accessing specialised advice and support (Piggot & Houghton, 2007).

For some disabled students, the transition to university is simply the next step in their educational career and a move towards independence, albeit that the first year at university can prove challenging for any student for a number of reasons; including, difficulties with adapting to an academic learning environment and experiencing anxiety about moving away from home (e.g. Lowe & Cook, 2003; NUS, 2012b; Yorke & Longden, 2007). However, for other disabled students, transition to university can also mean leaving existing support networks behind and can create additional pressures over and above those experienced by non-disabled students (Borland & James, 1999), particularly if there are delays in the provision of support (Hargreaves et al, 2009). Managing the impact of their disability and, in some cases, the timing of disclosure can also adversely affect the experience of disabled students during this phase, despite the legal onus on universities to anticipate their needs and to provide an inclusive learning environment (Goode, 2007). The additional time

and effort required to engage with support services, undertake needs assessments and seek financial support adds to the transition burden for disabled students (Houghton, 2006), and remains an issue for some as they progress on their course, particularly in relation to the time required to develop and utilise support strategies (Rickinson, 2010).

Disabled students' journeys into and through higher education can begin long before they start their course, particularly for students with enduring and complex impairments, such as Asperger Syndrome, where the support of family and previous educational establishments can help to ensure that contact is made early to determine the availability of support within the institutions under consideration (Madriaga, Goodley, Hodge & Martin, 2008). Where appropriate, arranging joint meetings with the student, their parents and their school or college to discuss support arrangements can help to enable as smooth a transition as possible.

Universities in Scotland have responsibilities under the Education (Additional Support for Learning) (Scotland) Act (2004) to support the transition of disabled students from schools and colleges in partnership with local education authorities. The Scottish Government's guidance, 'Partnership Matters' (Scottish Government, 2009), aims to clarify partner roles and responsibilities in this respect. There is evidence to suggest that, prior to the development of this guidance, communication between further education colleges and universities in particular did not always work as well as it could for the benefit of the student; particularly in relation to sharing information on the student's needs and clarifying the disability provision available in the respective institutions, leading to delays in accessing appropriate support (Sanderson, 2001).

For many disabled students, an additional part of their pre-entry experience is the decision to disclose a disability, particularly for those with unseen or hidden impairments. Indeed, moving to a new environment may be the first time that they have to "confront their disabilities" (Borland & James, 1999, page 98). As previously discussed, decisions around disclosure can be affected by a student's understanding of the term 'disabled' (Riddell et al, 2007a), potential

concerns regarding discrimination (Riddell & Weedon, 2006) and consideration of the costs and benefits of disclosure (Rhodes et al, 2008).

Such issues can be exacerbated for international disabled students whose understanding of the term 'disabled' may be affected by their previous experience of attitudes to disability, or the support available for disabled people, in their country of origin (Shaw & Hughes, 2006). In addition, international students may not consider the potential benefits of disclosure due to limited access to funding to support their disability-related needs (Soorenian, 2008). Indeed, there is evidence to support low levels of disability disclosure by international students (ECU, 2012b) and, in particular, by students declaring Chinese or Asian ethnicity; where recent figures show the rates of disability disclosure for Chinese and Asian students are 4.0% and 5.6% respectively compared to 10.5% for students declaring White ethnicity (ECU, 2013a). The potential impact of ethnicity and cultural differences therefore needs to be considered when encouraging disability disclosure and providing information to students on the benefits of doing so.

The negotiation of a disabled student identity can also play a part in the transition process for disabled students, at a time when they are likely to feel more vulnerable and therefore less inclined to be seen as different (Jacklin, 2011). In addition, there is evidence that distance learning students are less likely to disclose a disability to their institution on entering higher education (Richardson, 2009b) which, for those whose disability impacts on their learning, suggests they may be unaware of the potential benefits of disclosure including the options for support.

The availability of accessible information on the provision the institution makes for disabled students, including clarity of the meaning of the term 'disabled' and the benefits of disclosure (Weedon & Fuller, 2004), can help prospective students to make informed choices. Certainly, there is evidence to suggest that lack of engagement with such information may be partly due to disabled students not viewing themselves as disabled (Elliot & Wilson, 2008) or due to the perceived stigma attached to their impairment, particularly for students with

mental health difficulties (Demery, Thirlaway & Mercer, 2012). In addition, the specific information disabled students need may not always be readily available (Madriaga, 2007) or may not be in an easily accessible format (Fuller, Bradley & Healey, 2004), particularly in key recruitment material such as an institution's prospectus or website (Bolt, 2004). Such barriers in access to appropriate information can lead disabled students to take the "path of least resistance" (Hopkins, 2011, page 711) by choosing entry and progression routes where barriers are minimised.

For some disabled students, the choice of institution and course of study can also be influenced to an extent by the nature of their impairment. For example, students with mental health difficulties or physical impairments may choose an institution that allows them to live at home to enable access to existing support networks (Jacklin et al, 2007; Shevlin, Kenny & McNeela, 2004), and students with specific learning difficulties may avoid subjects that require high volumes of reading and writing (Fuller, Bradley & Healey, 2004). However, Jacklin et al (2007) also noted that only 20% of disabled students in their study made such disability-related choices and typically their decisions about their institution or course were no different from non-disabled students; for example, their choice was based on having an aptitude for a particular subject, the academic reputation of the institution or the quality of its facilities (Bekhradnia & Darian, 2013). Such factors clearly have a strong influence on students' decisions in this respect, and ultimately on their higher education experience, whether or not they have a disability.

Should a student disclose a disability on application to higher education, their experience is subsequently shaped by the institution's response. There is evidence to suggest, however, that institutions may not be as proactive as they should be in responding to disclosure of a disability (Vickerman & Blundell, 2010). Ideally, such disclosure should result in the provision of accessible information on the availability of support within the institution and an invitation to discuss the student's disability-related support needs in confidence (Tinklin & Hall, 1999); including the identification of any reasonable adjustments the institution should make to meet the student's individual needs. Such

adjustments should consider all aspects of the student's university experience, including teaching and assessment, access to information and facilities, and residential and recreational activities as part of an individual, student-centred, needs assessment. However, the process of needs assessment can also introduce additional barriers if insufficient attention is given to communicating and clarifying the purpose of the assessment, and ensuring the student is central to the process (Harrison et al, 2009).

A 'needs-led' approach is now typically adopted across the further and higher education sectors in the UK following the principle of inclusive needs assessment that is, "guided by the students' wishes" (Tomlinson, 1996, page 15), and is fair, transparent and accessible. Such an approach was further embedded in Scotland following publication of the Beattie Report 'Implementing Inclusiveness, Realising Potential' (Beattie, 1999) and, more recently, by the development of the 'Toolkit of Quality Indicators for Needs Assessments' (Scottish Government, 2005) and the associated guidance for institutions (Scottish Government, 2013b), to promote consistency and quality assurance of the needs assessment process across the Scottish higher education sector. The 'Toolkit' guidance includes specific reference to the requirement to evidence the institution's approach to anticipating reasonable adjustments for disabled students and embedding such support in the provision the institution makes for all students; that is, to demonstrate the institution's progress towards inclusion:

"It is important to remember that the duty to provide reasonable adjustments under the Equality Act is an anticipatory duty, which means institutions will need to think in advance about the kinds of adjustments they can put in place for disabled students, rather than simply waiting until a disabled student requests an adjustment. Although it is not always possible to anticipate the needs of every student, institutions will be expected to show that they have considered a range of appropriate general adjustments in advance" (Scottish Government, 2013b, page 30).

It is clear from the research in this area that disabled students' experience of transition into higher education can be positive but also challenging. Some of the challenges they face are similar to those experienced by all students, such as anxiety about leaving home and adapting to the academic requirements of a higher education learning environment. However, it is also clear that disabled students can experience additional challenges during transition as a consequence of their specific impairment. Institutions can help to ameliorate such challenges through the provision of a range of interventions and support strategies; including, identifying key contacts to coordinate transition and induction in liaison with schools and colleges as appropriate; providing accessible and comprehensive guidance and resources; and offering opportunities to visit the institution's campus and to meet staff, pre- and post-application (Adams & Holland, 2006).

4.4 Implementing Reasonable Adjustments for Disabled Students

Implementing reasonable adjustments for disabled students has been a requirement for further and higher education institutions in the UK since the introduction of the Special Educational Needs and Disability Act (SENDA, 2001). Despite the fact that this was, and remains, an anticipatory duty with the emphasis on removing barriers to access for disabled students, research indicates that reasonable adjustments are still primarily made on an individual and reactive basis, particularly in relation to enabling access to the curriculum (Hopkins, 2011), with a corresponding reliance on the willingness of academic staff to implement such adjustments (Konur, 2006).

In order to identify individual reasonable adjustments, disabled students typically meet with a specialist disability adviser at their institution who will discuss with the student, in confidence, the nature of their disability-related difficulties and the requirements of their course. These adjustments are then communicated to relevant staff across the institution with the student's consent, often through a network of named disability contacts (Fuller et al, 2009). This

process relies on staff within the student's academic department sharing the information appropriately, which can be problematic when the number of teaching staff is variable; for example, on programmes that often utilise visiting lecturers. It also relies on the disability adviser listening to the student and ensuring they remain central to the needs assessment process so that no assumptions are made regarding their needs, or indeed the support they require, and the extent of the provision, if any, they would prefer (Fuller et al, 2008). For deaf students, where English may not be their first or preferred language, such provision should also take account of their linguistic access needs, as well as the adjustments they require to support learning (Brennan, Grimes & Thoutenhoofd, 2005).

Research on the provision of reasonable adjustments has tended to be qualitative in nature, reporting disabled students' views of the learning and teaching environment (e.g. Weedon & Fuller, 2004), and the experience of students with specific impairments; such as dyslexia (e.g. Michail, 2010; Riddell & Weedon, 2006) and visual impairment (e.g. Bishop & Rhind, 2011).

One of the first studies to research the experiences of individual disabled students across a range of institutions was undertaken by Hall and Tinklin (1998). Focusing on institutions in Scotland, their research involved in-depth case studies of twelve disabled students and interviews with key support staff. The researchers were particularly interested in the students' views on their experiences of academic and social life at their institution, the accommodation on campus, their support and financial arrangements, and their experience of entering higher education.

The results indicated that, although some institutional barriers had been removed, particularly in relation to physical access, the predominant model of provision was based on individual solutions to specific disability-related needs by "equipping individuals to overcome obstacles" (Tinklin & Hall, 1999, page 193); for example, through the provision of non-medical personal help or technological support. Overall, the researchers concluded that there was inherent resistance by staff to adapting their existing practice, and disabled

students' experiences were therefore shaped by the level of staff awareness of disability issues and their willingness to accommodate disabled students' needs.

Subsequent research has continued to focus primarily on disabled students, with no comparison initially with the experiences of students who were not disabled (Harrison et al, 2009). However, although reporting disabled students' narratives of their experience is clearly important, they are first and foremost students so research in this area should acknowledge the influence of this context (Hurst, 1996). Indeed, there is potential for overlap in the experiences of disabled and non-disabled students, and institutions should perhaps consider their respective needs on the basis of a continuum of learner differences (Rickinson, 2010). In particular, as previously discussed, disabled students' concerns are likely to be those experienced by other students, albeit these may be exacerbated to some extent by the nature of their impairment and the inclusiveness or otherwise of their educational environment.

The first large-scale research study to compare the experience of disabled and non-disabled students in higher education was undertaken by Fuller et al (2008) as part of a longitudinal investigation of the learning and assessment experience of over 1,000 undergraduate disabled students across four UK universities; including interviews with students and staff to gauge the extent to which the widening access and disability equality agendas had impacted on university provision for disabled students.

Staff respondents in all four institutions in this study indicated that the Disability Discrimination Act (DDA, 2005; SENDA, 2001) had been a major driver for changes in practice and the provision of dedicated support for disabled students. However, staff also noted concern with maintaining academic standards in the context of the requirement to provide reasonable adjustments. This was particularly the case in relation to marking the work of students with dyslexia. Staff reported concern that concessions for poor spelling, grammar and punctuation in written assignments, regularly identified as a reasonable adjustment for this particular group of students, impacted on the rigour of the

assessment process. Such concerns have also been confirmed in other studies (e.g. Riddell & Weedon, 2006; Robson, 2005).

Fuller et al (2008) concluded that the provision of adjustments appeared to be 'formulaic' in the sense that students with the same impairment were often recommended the same adjustments; for example, the provision of lecture notes or extra time in examinations for students with dyslexia. They suggested that "Little account tended to be taken of the precise nature of the individual student's difficulty or the severity of their condition" (Fuller et al, 2008, page 27). However, as previously discussed, it is likely that such adjustments were identified following a full assessment of the student's individual needs and therefore the results of this study suggest that staff awareness of the needs assessment process should be raised to clarify the justification for the recommended adjustments.

Longitudinal outcomes for students in this study indicated that disabled students at two of the four institutions did less well in their final degree classification than non-disabled students, in that they were less likely to gain first or upper-second class degrees. However, the outcomes also indicated that disabled students were more likely to complete their course. The researchers suggested that this may have been due to the increased availability of support for disabled students. This is confirmed in a larger-scale analysis of the degree outcomes of disabled students in the UK which showed that the number of disabled students successfully completing their undergraduate degrees had increased over time; from 47% of disabled students gaining a first or upper-second class honours degree in 1998/99 to 53% in 2004/05 (Pumfrey, 2008).

Interestingly, Fuller et al (2008) also found that the reported experiences of disabled students varied; some were very positive about their experience of higher education and reported no barriers to learning, while others were less so and highlighted a number of issues. These typically included difficulties such as gaining access to lecture material and concerns over the attitudes of some staff to disabled students generally. This view appeared to be more prevalent in students with unseen impairments, such as mental health difficulties.

Overall, the researchers found that similar issues were raised by disabled students and non-disabled students in relation to access to teaching and assessment but a higher proportion of disabled students noted difficulties. Many of the negative experiences cited by disabled students in this study were not related specifically to their impairment but were more general student concerns such as making the transition to higher education; however, these were exacerbated for some disabled students and appeared to impact to a greater extent on their experience of higher education.

Negative experiences of higher education can also result from the absence or delay in receiving disability-related support, particularly in relation to the Disabled Students' Allowance (DSA) (Jacklin et al, 2007). This was confirmed in HEFCE's comparison of undergraduate student outcomes which showed that disabled students who were not in receipt of the DSA performed less well in terms of degree classification and gaining employment post-graduation than non-disabled students or disabled students who had received DSA (HEFCE, 2013a). There is also evidence to support the latter group are more likely to be awarded a first-class degree (ECU, 2013a), suggesting that access to such individual funding allowances, and the associated support such funding provides, can help to ensure equality of opportunity for disabled students.

Jacklin et al (2007) were also interested in exploring the value of the category 'disabled student' as a basis for identifying and targeting support, concluding that it helped to raise awareness amongst staff and generally enabled support to be directed to those students in most need. The majority of students in this study reported that they advised their institution of their disability in order to obtain support and, for some, this was triggered by feelings of 'not coping' with their studies. Overall, most respondents indicated that they were positive about their experience of higher education. Factors that impacted on this experience included variability in teaching styles, negative staff attitudes and limited resources that restricted the provision of adjustments. Again, although no direct comparison with non-disabled students was made, the researchers suggested that some of the issues that impacted negatively on disabled students'

experience appeared to be those that can affect students generally; for example, unfamiliarity with the higher education environment and difficulties with acquiring the required academic skills.

This suggestion is substantiated to some extent by research undertaken by Madriaga et al (2010). The researchers undertook a large-scale questionnaire study to obtain comparative data of the learning and assessment experiences of disabled and non-disabled students. They emphasised the importance of comparing students' experiences to establish the difference, if any, between students who disclose a disability and those who do not. They concluded that, although barriers remained for disabled students which do impact differentially on their experience, particularly in relation to their individual impairments, there was some similarity across both groups. For example, students with no disclosed disability reported similar difficulties with taking notes in lectures, planning and writing their assignments and reading course texts. An inclusive approach to teaching and assessment was therefore recommended to enable as many students as possible to adapt to higher education learning and to develop the required academic skills.

Such an approach in itself would likely have a positive impact on the learning experience of all students, whether or not they had a disability. This research was limited, however, in the extent to which it sought to investigate any qualitative differences between the experiences of disabled and non-disabled students and did not appear to recognise the potential for undisclosed or undiagnosed disabilities in the non-disabled group of students.

This comparison was made in relation to students on distance learning courses (Richardson, 2009b) but no differences were found in the attainment outcomes of non-disabled students and those disabled students who had not disclosed their disability to the university. It is possible, however, that the disabled students in this group had not encountered any significant barriers to learning as they were studying at a distance and perhaps avoided the typical difficulties experienced by some campus-based students; such as taking notes in lectures and undertaking formal timed examinations.

A research study undertaken by Vickerman and Blundell (2010) also compared disabled and non-disabled students in relation to their experience of various stages of the student cycle. They reported some differences between the two groups in their experience of teaching and assessment; in particular, more disabled than non-disabled students reported that they did not feel that assessments catered for their specific needs. However, comparisons between the experiences of both groups were not reported in any detail and follow-up interviews were limited to a small sample of disabled students only, restricting the feasibility of drawing conclusions about the experiences of both groups.

Overall, from the few studies to date that have compared the experiences of disabled students and non-disabled students there is evidence to suggest that similar issues are experienced by both groups. However, these issues appear to be exacerbated for some disabled students, particularly in relation to the nature of their impairment and the additional challenges this can present (Fuller, Healey, Bradley & Hall, 2004), requiring targeted individual support in addition to that provided to all students (Wright, 2005). Roberts (2009) concluded that the fundamental difference between the experience of disabled and non-disabled students was the impact on disabled students when reasonable adjustments were not provided and the additional effort disabled students had to exert to organise and undertake their studies, even when adjustments were consistently provided. The emotional strain of dealing with disclosure also had an impact on some students, particularly where anticipatory adjustments had not been made and the process for sharing information on their disability-related needs was unclear. The fact that no differences have been found between the personal and educational experiences of disabled and non-disabled students on distance learning courses (Richardson, 2009b) suggests that mode of study may also be a variable.

It is clear from much of the research in this area to date that staff attitudes to making reasonable adjustments also impact on disabled students' experiences and, in some cases, have the potential to compromise academic standards where staff may be too lenient in their approach (Ashworth, Bloxham & Pearce,

2010). Investigating case studies of students with complex disabilities, Ashworth et al (2010) used a triangulation of observation of practice, staff and student interviews, and questionnaire techniques to enhance the validity of the results. The overall student experience was deemed to be positive although the difficulty of articulating explicit assessment criteria in the context of subjective and, in some cases, cautious academic interpretation of the term 'reasonableness', was acknowledged.

In contrast, there is evidence that some staff believe that reasonable adjustments impact on the validity of the assessment, despite the raft of guidance available to assist staff in making the curriculum accessible (Fuller et al, 2008; Konur, 2002; Robson, 2005). There is also evidence that disabled students are not always provided with the adjustments they need to pursue their course which impacts on their learning potential (Brandt, 2011). Positive staff attitudes and a flexible approach are therefore key to ensuring equitable access (Roberts, 2009) and tend to be informed by a personal interest in disability issues, rather than institutional training or policies (Shevlin et al, 2004).

Studies on the provision of reasonable adjustments have also focussed on students with specific impairments, particularly those disclosing dyslexia who still form the largest proportion (48%) of disabled students in higher education (HESA, 2013a). As identified in other research, Riddell and Weedon (2006) concluded that one of the main barriers to access for students with dyslexia was staff attitudes. Case studies of individual students provided insight into their experiences of higher education, firstly on obtaining a diagnosis of dyslexia and, secondly, in relation to the response from their institution; the latter providing evidence to support the variability in the interpretation of reasonable adjustment. This appeared to be primarily a consequence of staff views that the implementation of some adjustments would compromise academic standards and that other students would also benefit from the adjustments provided for students with dyslexia; for example, those from lower socioeconomic backgrounds or those for whom English was not their first language.

Such concerns suggest a more inclusive approach would be more acceptable to staff if they could be encouraged to reflect on the inclusiveness of their teaching and assessment methods and adapt these where necessary to reduce the need for individual adjustments. Similar results on the impact of staff attitudes have been identified in several other studies (e.g. Riddick, 2003), and lead to the conclusion that disabled students' experiences of higher education depend on "the attitudes, experience and personal knowledge of particular members of staff, rather than institutional policies and provision" (Vickerman & Blundell, 2010, page 29).

Outwith the context of traditional teaching and assessment, students may be involved in off campus activities as part of their course where the implementation of reasonable adjustments can be more problematic. The design and delivery of fieldwork activities, for example, can exclude disabled students and ultimately impact on their experience (e.g. Hall, Healey & Harrison, 2002; Healey, Jenkins, Leach & Roberts, 2001). In particular, such activities require careful planning in anticipation of the needs of disabled students to enable their participation or, should this prove impossible, to provide an alternative but equivalent learning experience.

Healey et al (2001) concluded that staff lacked confidence in providing adjustments in fieldwork settings and tended to make assumptions regarding disabled students' needs on the basis of their impairment category, particularly in relation to the assessment of risk in the fieldwork setting. Such staff assumptions, and difficulties in identifying appropriate support to minimise risk and enable participation, can be exacerbated in work placement situations where fitness to practice and professional competency standards may make the 'reasonableness', or otherwise, of adjustments more challenging to establish (Hargreaves & Walker, 2011). This is discussed in more detail in section 4.5 below.

There is therefore evidence to suggest that the predominant model of individualised provision for disabled students that was identified by Tinklin and Hall in 1999 appears to persist despite significant changes in the disability legal

framework in the intervening period and a shift in emphasis to more inclusive approaches to learning in higher education. It is also clear that staff attitudes continue to have a significant bearing on the experience of disabled students in higher education.

4.5 Inclusive Practice and Mainstreaming Disability Provision

“A key element in reconceptualizing provision for students with learning difficulties is the recognition that their needs are cognate with those of all learners” (Tomlinson, 1997, page 192).

Institutions’ response to the inclusiveness agenda (Beattie, 1999; Tomlinson, 1996) and the legislative framework around equality of opportunity for disabled students (e.g. DDA, 2005; Equality Act, 2010), has typically progressed in stages with an initial emphasis on improving access and removing barriers to the physical environment; for example, through the installation of building ramps, automatic doors and induction loop systems. This was partly due to UK Higher Education Funding Councils’ initiatives which provided ring-fenced funding specifically to improve physical access for disabled students (e.g. HEFCE, 1996a; SHEFC, 1996a; SHEFC, 2000), as discussed in Chapter 3, but may also have been due to the tangible nature of such barriers which may make them easier, albeit potentially more costly, to identify and address (Harrison et al, 2009).

Subsequently, there has been increasing focus on inclusive practice in further and higher education, driven in part by the Tomlinson Report (Tomlinson, 1996) in England and the Beattie Report (Beattie, 1999) in Scotland, but also in response to increasing recognition of the potential for the higher education curriculum to reinforce medical or stereotypical attitudes towards disabled people through the “ableist way in which undergraduates are taught” (Bolt, 2004, page 353). This has led to a corresponding shift in attention to enabling access to the curriculum (e.g. ECU, 2013b; HEA, 2011; Parker, 1998;

Teachability, 2000) for a continuum of learner differences (Healey, Fuller, Bradley & Hall, 2006), particularly in relation to assessment practices (Fuller et al, 2008; Hanafin, Shevlin, Kenny & McNeela, 2007; Riddell & Weedon, 2006; Waterfield & West, 2007).

In addition, there has been increasing recognition that adapting the curriculum to meet the needs of disabled students can benefit the learning of all students and reduces the need to make individual, and potentially more costly, adjustments (Hurst, 2005; Jacklin et al, 2007; Madriaga et al, 2010; Waterfield, West & Parker, 2006). However, Shevlin et al (2004) have also suggested that, in order to be a truly inclusive institution, it is important that support services for all students are “integrated and differentiated to ensure that common requirements are recognised and addressed as such, and that specific requirements are also appropriately registered and addressed” (Shevlin et al, 2004, page 29). This view is substantiated by Fuller et al (2008) who concluded that, although institutions should aim to develop and deliver inclusive curricula, for the minority of disabled students who experience significant barriers to access as a consequence of their disability, the adoption of generic institutional policies may not always meet their specific individual needs.

In tandem with the move towards inclusive practice, dedicated disability teams were established within universities in the UK to support and assess the needs of disabled learners, and increased staff training opportunities were provided to promote the design and delivery of an accessible curriculum (Williams, 2007). Such provision is now generally well established across the UK higher education sector with increasingly technological solutions being used to overcome remaining barriers, supported in part by specialist expertise such as that available from ATANET³⁴, the BRITE Centre³⁵ and TechDis³⁶.

³⁴ ATANET A network of Assistive Technology practitioners in higher education in Scotland, providing support and sharing good practice across the sector: <http://atanet.org.uk/>

³⁵ BRITE (Beattie Resources for Inclusiveness in Technology and Education): <http://www.brite.ac.uk>

³⁶ TechDIS (UK advisory service on technologies for inclusion and accessibility): <http://www.jisctechdis.ac.uk>

However, there is still evidence of variable practice within and across institutions, and variance in the experiences of students with different impairments (Brennan et al, 2005; Harrison et al, 2009; Weedon & Fuller, 2004). In particular, progress remains to be made with embedding disability equality across all areas of university activity, rather than remaining primarily the responsibility of specialist disability teams (Fuller, Healey, Bradley & Hall, 2004), and with ensuring that the individual practice of staff reflects institutional policy (Mortimore, 2013; Tinklin, Riddell & Wilson, 2004b).

The importance of such an approach was highlighted earlier by Holloway (2001) and, although some progress has been made in the intervening years in relation to encouraging disability disclosure, providing staff training and reviewing the accessibility of the curriculum (QAA, 2009), it is clear that institutions still need to focus on embedding inclusive practice and providing opportunities for disabled students to influence, and be actively involved in, institutions' decision-making processes (Harrison et al, 2009).

This is substantiated in a report on the Higher Education Academy's (HEA) programme that aimed to embed inclusive practice in ten institutions in England (May & Bridger, 2010), including through initiatives to support staff to develop the skills needed to deliver an inclusive curriculum and to ensure equality impact assessment is consistently applied in the programme approval and review process. In relation to the latter, the University of Dundee, for example, has developed an Inclusive Curriculum Checklist³⁷ to support staff in assessing the inclusiveness of programmes at the approval and review stages, in line with recommended guidance (e.g. May & Thomas, 2010; Morgan & Houghton, 2011; Teachability, 2000).

Support for benchmarking inclusive practice with other institutions on an anonymous basis is also available through the Online Accessibility Self Evaluation Service (OASES)³⁸. This service aims to enable institutions to move

³⁷ University of Dundee, Inclusive Curriculum Checklist:
<http://www.dundee.ac.uk/qf/equalitydiversity/>

³⁸ Online Accessibility Self Evaluation Service:
<http://www.jisctechdis.ac.uk/techdis/resources/oases>

towards the 'ownership' or 'partnership' end of the 'Accessibility Maturity Model' (Ball, McNaught, Watson & Chandler, 2010) by empowering key stakeholders across different staff groups to recognise their role in embedding inclusion by delivering flexible programmes and services that accommodate a range of learner needs. The results of a pilot of the OASES service revealed that inclusive practice was inconsistent, and respondents were unaware in some instances of the provision within their own institution (Ball et al, 2010). Ball et al (2010) therefore suggested that progress towards inclusion would only be possible if a collaborative approach was taken within institutions and across the sector.

May and Bridger (2010) concluded that change is needed in the approach by institutions to eliminate discrimination inherent in institutional processes, and as a consequence of individual practice, to ultimately embed inclusion. They suggested that the use of language such as students' 'entitlements' rather than 'needs' and evidence of the success and benefits of inclusive practice may help to bring about this cultural shift and change in staff attitudes. Some institutions in the UK have highlighted examples of inclusive practice in an attempt to promote change; for example, the case studies on working with disabled students at the University of Nottingham³⁹, and the Inclusive Practice Showcase at the University of Dundee⁴⁰.

In addition, May and Bridger (2010) emphasised the importance of a whole institution approach that clarifies the relevance of inclusive practice for different stakeholders, and provides ongoing opportunities for them to influence and 'own' the process. The allocation of protected time and dedicated resources to enable staff to develop, share and engage in inclusive practice is also critical to success (Hockings, 2010; Waterfield & West, 2007), as is the active involvement of senior management and a genuine commitment, reflected in institutions' strategic priorities, to monitor and promote inclusion (Wray, 2013). This may help to address the variation in institutional practice and help to embed inclusive policies and practices (Rickinson, 2010), whilst recognising

³⁹ University of Nottingham, case studies: <http://www.nottingham.ac.uk/pesl/resources/disability/>

⁴⁰ University of Dundee, Inclusive Practice Showcase:
<http://blog.dundee.ac.uk/inclusivepractice/>

that specialist support will still be required to meet the needs of individual disabled students (Wright, 2005).

Some institutions in the UK, for example the University of Edinburgh⁴¹ and the University of Reading⁴², have responded to this challenge by establishing inclusive learning policies and guidance for staff that mainstream some reasonable adjustments that were previously only recommended for students who had disclosed a disability, such as permission to record lectures; the latter has also been established as an inclusive policy at the University of Dundee⁴³. Such policies also typically address recording concerns that may be raised by academic staff regarding intellectual property rights, data protection and copyright restrictions which can arise in teaching situations, particularly where sensitive issues are discussed.

It is clear from the research on mainstreaming disability provision that, despite the comprehensive disability legal framework, institutions are still at different stages in anticipating reasonable adjustments for disabled students, delaying the development of a “transformed inclusive system” (Fuller, Healey, Bradley & Hall, 2004, page 316). Many institutions are in the process of developing inclusive practice but few appear to have embedded this in all aspects of their operation (Harrison et al, 2009; May & Bridger, 2010). Such an approach may bring benefits for all students but is likely to require a cultural shift in staff attitudes and approach to disability (ECU, 2012b). This can be particularly difficult in professional programmes of study where the requirements of external professional bodies, regulatory frameworks and fitness to practice concerns can make it more challenging for institutions to adopt an inclusive approach.

⁴¹ University of Edinburgh, inclusive learning policy: <http://www.ed.ac.uk/schools-departments/student-disability-service/news-events/reasonable-adjustments-mainstreamed>

⁴² University of Reading, inclusive practice guide: www.reading.ac.uk/web/FILES/disability/Guide-to-Inclusive-Practice-in-Teaching-and-Learning.pdf

⁴³ University of Dundee, recording lectures policy: <http://www.dundee.ac.uk/academic/rec.html>

4.6 Disabled Students' Experience on Professional Programmes

Research on the experience of disabled students on professional programmes, such as medicine or teaching, is more limited than that on their experience of higher education generally. A number of studies have investigated barriers to access to such programmes (e.g. Disability Rights Commission, 2007b), the availability of information for prospective students on programme requirements (e.g. Tynan, 2003, 2004), the attitudes of others to the admission of disabled students (e.g. Roberts et al, 2004), issues around disclosure (e.g. Stanley et al, 2011), and disabled students' experience on the practice placement component of professional programmes (e.g. Wray et al, 2005).

Few studies, however, have looked in detail at disabled students' experiences on professional programmes and, most of those that have, have involved relatively small numbers (e.g. Botham & Nicholson, 2013; Brown et al, 2006; Griffiths, 2012; MacLeod & Cebula, 2009; Riddell et al, 2007a). There are also limited comparisons with the experience of non-disabled students on such programmes. The only research study to consider this to date, as part of a wider investigation of students' experience, compared the degree outcomes of disabled and non-disabled students in three institutions which, for one of the institutions, included students on an initial teacher education (ITE) programme Fuller et al (2008). The researchers found that the disabled students in this institution did less well in their final degree classification than non-disabled students at the same institution; however, they were more likely to complete their course. In contrast, a research study utilising the Higher Education Statistics Agency's (HESA) data has suggested that having a disability does not play a significant role in predicting degree outcome, provided that disabled students are in receipt of appropriate support (Richardson, 2009a). However, there was also some evidence in this research to suggest that students with unseen disabilities do less well than their non-disabled counterparts even when background variables, such as age, gender and subject choice, are taken into account.

As discussed earlier, Fuller et al (2008) also compared disabled and non-disabled students' experiences of learning and assessment generally; however, this did not appear to include the institution that delivered the ITE programme. Instead, the researchers reported case studies of two disabled students on the ITE programme, both with unseen impairments, particularly in relation to their disclosure decisions and their negotiation of a disabled student's identity (Fuller et al, 2009). Both students reported experiencing positive and negative consequences following disclosure of a disability and, for one, this ultimately led to their decision to withhold such a disclosure when seeking employment and to "jettison the category of disability as a significant part of her identity, since in the workplace it appeared that the disadvantages outweighed any benefits" (Riddell & Weedon, 2013, page 46). Indeed, there is evidence to suggest that the negotiation and development of professional identities for disabled people can be particularly challenging in the employment context, despite the rhetoric of inclusive policy (Partson, 2010).

In addition, diverse and vague fitness requirements in professional regulations, and a reliance on medical information rather than an assessment of individual needs (Sin, 2009), can lead to unjustified exclusion from some professions of people with specific impairments on the grounds of health and safety (Sin, Fong, Momin & Forbes, 2007). Fuller (2008) concluded that,

"Fitness to practise standards represent an additional hurdle to be surmounted by disabled students and should be replaced by professional standards with which all practitioners should comply. In addition, there is a need for greater awareness amongst staff of the extent to which an impairment will actually impact on a student's ability to become an effective practitioner within their chosen profession" (Fuller, 2008, page 3).

Most of the literature on disabled students' experience on professional programmes is focussed on nursing and social work with limited examples of research studies involving disabled student doctors or teachers and, for the

purposes of comparison with my research, no research specifically relating to the experience of disabled community education students.

In relation to dentistry, a search of the literature revealed only studies investigating the views of dentists treating disabled patients (e.g. Bedi, Champion & Horn, 2001; Edwards & Merry, 2002; Scambler, Low, Zoitopoulos & Gallagher, 2011) and brief details of the adjustments provided for a disabled dentist in the practice setting (Branigan, 2011). The research on the experience of dental students on practice placements generally, has revealed that students report positive outcomes from such training, including increased confidence and the development of reflective practice and team working skills (Lynch, Ash & Chadwick, 2010). However, there is also some evidence to suggest that careful management of such training is needed to ensure individual learning needs are met (Smith, Lennon, Brook, Ritucci & Robinson, 2006). Lynch et al (2010) also noted some difficulties experienced by students when using computerised systems for recording and accessing clinical notes, as well as some issues related to travelling to placements. Such difficulties may have a greater impact on disabled students undertaking clinical placements and therefore merit further investigation.

Several studies have provided guidance or suggested frameworks for supporting disabled students in work or clinical placement settings (e.g. Botham & Nicholson, 2013; General Medical Council, 2008; Griffiths, Worth, Scullard & Gilbert, 2010; Tee et al, 2010; Wray et al, 2005), and others have investigated the perspective of staff supporting disabled students in such settings (e.g. Furness & Gilligan, 2004; Hargreaves, Dearnley, Walker & Walker, 2013; Heavens, 2006).

The literature on disabled students' experience on professional programmes is therefore generally divided into three approaches: the admission of disabled students to professional programmes, including information on fitness to practice, competence requirements and the attitudes of others; issues around disclosure and students' decisions to share or withhold details of their disability; and disabled students' experience on practice placements, including the

support or adjustments that can be provided to enable their participation. Each of these approaches is considered in more detail below.

4.6.1 Admission of Disabled Students to Professional Programmes

Research on the admission of disabled students to professional programmes is limited but is relevant in providing a context for the student experience. The application and admission stage of entry to higher education may be the first time barriers to access are encountered by disabled students, which will ultimately shape their experience thereafter. Attitudes of staff in particular can impact on the admission decision, contributing to the underrepresentation of disabled people in some professions (Roberts et al, 2004). In addition, there is evidence that non-disabled students on professional programmes, and academic and placement staff, hold similar attitudes towards disability even when they acknowledge the potential of reasonable adjustments to ameliorate underlying difficulties (Miller, Ross & Cleland, 2009; Ryan & Struhs, 2004). As discussed in Chapter 3, the regulatory framework of professional programmes can also restrict access by disabled people and influence the views of higher education staff and prospective employers on the admission and progression of disabled students (Sin & Fong, 2007).

Boursicot and Roberts (2009) concluded that, for medicine, where recent figures indicate that 6.5% of students disclosed a disability (GMC, 2013) compared to an average of 8.6% across other disciplines (ECU, 2013a), this may be a consequence of the interpretation of fitness to practice being left to individual Medical Schools, leading to differential treatment of disabled students and applicants across the sector. This can be particularly evident for students with specific impairments that may be considered to impact on observation and communication skills; for example, visual, hearing or speech impairments (Roberts et al, 2004). This may also explain the tendency for medical students to avoid seeking support on clinical placements by not disclosing their disability (Miller et al, 2009). Over 80% of disabled students in the Miller et al (2009)

study said they had not sought support for placements and, although interestingly some of these students indicated that they felt such support for clinical work was not appropriate, a minority (12%) reported experiencing negative attitudes towards disability from other students and medical staff which discouraged them from disclosing their disability.

A professional qualification can, however, open up a myriad of career options and to preclude entry to a profession on the basis of rigid competencies which may never be put into practice, may unreasonably restrict access by disabled people. As Fielder (2003) concluded:

“The attitude of the medical community to disability among its members is outdated and merits debate. Medicine requires its students to gain certain physical competencies, but recognises that once qualified, these competencies do not need to be maintained by all practitioners. Thus presently, by some strange logic, disability can preclude the study of medicine but not its practice.” (Fielder, 2003, page 1305).

Such attitudes may stem from legitimate concerns regarding fitness to practice or they may be based on assumptions relating to specific disability categories rather than on an assessment of individual needs. They may also be a consequence of an inability to relate to disability issues due to the low numbers of disabled students who are admitted to professional programmes (Mercer, Dieppe, Chambers & MacDonald, 2003). Indeed, there is evidence to suggest that supportive attitudes towards disabled people in the professions are influenced by staff having prior experience of working with disabled students or colleagues, and having received disability awareness training relevant to their discipline (Leyser & Greenberger, 2008).

The British Medical Association (BMA) has recognised that the medical profession needs to do more to promote medicine as a potential career for disabled people (BMA, 2007), particularly through the recruitment material available from Medical Schools' websites. The importance of accessible web-

based recruitment information that welcomes applications from disabled people and clarifies programme requirements, including professional competencies, has previously been highlighted in relation to the admission of disabled students to Medical, Dental and Veterinary Schools (Tynan, 2003, 2004). In addition, publicising success stories of disabled medical students and doctors may help to encourage more applications from disabled people to medical education programmes (Swann, 2007), as may providing specific guidance for prospective students. For example, the General Medical Council (GMC) has produced guidance for Medical Schools and disabled medical students, 'Gateways to the Professions' (GMC, 2008), aimed at encouraging more disabled people into medicine, and supporting Medical Schools' response to their needs.

More recently, the GMC has undertaken a comprehensive review of health and disability in relation to medical education and training⁴⁴ and produced recommendations for universities delivering medical training programmes. The report from this review (GMC, 2013), recommended a number of actions, including a review of the professional competencies that all medical students are required to demonstrate, improved careers advice for disabled medical students and further investigation of the identification and implementation of reasonable adjustments on medical training programmes; particularly in relation to Objective Structured Clinical Exams (OSCEs) where the provision of adjustments may be deemed unreasonable given the core clinical competencies typically assessed. However, the GMC review also concluded that the option for restricted registration or exemption from specific competencies, to enable the admission and progression of disabled students unable to demonstrate all competencies despite the provision of reasonable adjustments, should not be allowed at present. All medical students in the UK will therefore continue to be required to meet all of the specified competence standards, albeit that the GMC plans to review these to ensure no unjustified barriers remain.

It is clear that fitness to practice concerns are not restricted to medicine, however. For example, there is evidence that students with dyslexia can

⁴⁴ GMC review of health and disability: <http://www.gmc-uk.org/education/12680.asp>

experience negative attitudes and assumptions by admissions staff regarding their competence on application to programmes of Initial Teacher Education (ITE); perhaps due to concerns that universities may be challenged for allowing what may be inaccurately perceived by some as lower standards of literacy in trainee teachers (Riddick & English, 2006). Riddick and English (2006) concluded that, although standards are clearly important, a holistic view needs to be taken of what constitutes a good teacher and what adjustments would enable trainee teachers with dyslexia to demonstrate those skills and qualities.

Similar staff concerns are evident in the admission of disabled students to social work programmes (SWAP, 2010), particularly in relation to the potential impact of specific impairments that might exclude a student due to health and safety concerns. As discussed in Chapter 3, such restrictions on entry to professional programmes can discriminate against disabled people and reduce the likelihood of disclosure (Ruebain et al, 2006; Sin et al, 2007). Clarity on the competencies that students are expected to develop and demonstrate on professional programmes is therefore needed to enable prospective disabled students to make informed choices, prior to application and admission (Helms, Jorgensen & Anderson, 2006). In addition, involving organisations with expertise in specific impairments, such as deafness, in consultation with the student may help to enable higher education institutions to determine whether the student's impairment would prevent them from fulfilling the requirements of professional competencies (Brennan et al, 2005).

4.6.2 Disability Disclosure on Professional Programmes

As discussed in Chapter 2, disclosure in professional contexts can be particularly concerning for disabled students, compounded by the often interchangeable use of the terms 'health', 'fitness' and 'disability' in recruitment material for professional programmes and in the standards set by professional bodies (Kane & Gooding, 2009). Indeed, Stanley et al (2007) concluded that,

“...disclosure of disability was considered to be a high risk strategy which could have the effect of excluding an individual from training or employment and affect progression in the professions (Stanley et al, 2007, page 82).

Disabled students are therefore typically selective about the timing of, and audience for, disclosure and may understate the impact of their disability (Stanley et al, 2007). This can be particularly evident at the admission stage where fear of discrimination can result in disabled students withholding information relating to their disability (ECU, 2012b). Similar disclosure concerns are also evident in the placement context (e.g. Evans, 2013) and on transition into employment (Houghton, 2006).

In addition, students' decisions regarding whether or not, to whom and when to disclose, and the outcome of these decisions, can significantly impact on their university and placement experience (Morris & Turnbull, 2007) and can have a detrimental effect on their confidence (Claiborne, Cornforth, Gibson & Smith, 2011). Such outcomes of disclosure can include assumptions being made about their competence (Riddell et al, 2007a), misplaced scrutiny in the placement context (Baron, Phillips & Stalker, 1996), being considered an additional burden for staff (Furness & Gilligan, 2004), and a perception that the provision of reasonable adjustments lowers competence standards and increases risk (Walker, Dearnley, Hargreaves & Walker, 2013). It is therefore not surprising that disclosure of a disability has been found to be less likely in professional contexts (DRC, 2007b).

Assumptions regarding the competency or otherwise of disabled individuals and their future employment prospects are evident across a number of different professions, including nursing and teaching (e.g. Cook, Griffin, Hayden, Hinson & Raven, 2012; Dearnley, Walker, Hargreaves & Walker, 2010; MacLeod & Cebula, 2009; Morris & Turnbull, 2006; Sin & Fong, 2007). This can be compounded by difficulties in defining core professional competencies in order to determine the reasonableness, or otherwise, of adjustments (Rankin, Nayda,

Cocks & Smith, 2010; Ryan & Struhs, 2004). It can also be affected by assumptions within the health and social work professions in particular, that disabled people are the recipients of support rather than the providers of services (Sapey, Turner & Orton, 2004). In addition, there is evidence to suggest that discriminatory attitudes towards disability are not restricted to staff involved in delivering professional programmes but can also be present in other students studying those programmes (Bernard, Fairtlough, Fletcher & Ahmet, 2013; Marshall, Stojanovik & Ralph, 2002).

A study of the experiences of disabled students on Initial Teacher Education (ITE) programmes identified particular issues around timing of disclosure in the placement context (MacLeod & Cebula, 2009). The researchers investigated the experiences of students undertaking ITE in a Scottish university utilising an online survey to explore students' decisions around disclosure of disability. Findings indicated that the majority of students chose not to disclose and, for those that did, this involved a number of negotiations with individual staff over a range of different placement contexts. Those who chose to disclose to placement providers reported that they found their experience to be generally positive. However, some students reported concerns regarding the placement provider's potential response to disclosure, perhaps regarding the provider as a future employer, so chose not to disclose for this reason. Interestingly, most students felt that their disability would not impact on their ability to undertake the placement so did not disclose for this reason.

Some negative response from placement providers was reported by disabled students in this study, including placement staff questioning the student's suitability for a career in teaching. This perhaps explains the reluctance on the part of some students to disclose to potential future employers as only 34% of students in this study reported that they would disclose to a placement provider; a concern which is substantiated to some extent by the experience of disabled teachers (Valle, Solis, Volpitta & Connor, 2004). Valle et al (2004) concluded that the decision to disclose a disability in professional contexts is influenced by the environment and attitude of others. Not surprisingly, they found that

supportive and knowledgeable colleagues can encourage disclosure, particularly where discourses around disability in the workplace are positive.

An interesting approach to supporting disability disclosure and implementing adjustments for disabled medical students has been adopted by two Medical Schools in England (Raven, Griffin, & Hinson, 2008). In recognition of the potentially stigmatising nature of the term 'disabled' and in an effort to encourage disclosure, the Schools introduced a 'Student Support Card' scheme to empower disabled students to take control of their learning support needs. The support detailed on the card was agreed with the student, and staff with any queries were requested to contact the student's Faculty Tutor or Dean of Students rather than challenge the student, giving validity to the student's needs. The scheme was also used to enable students with short-term disabling conditions to request support where they would otherwise not fall under the definition of disability and therefore not be legally entitled to reasonable adjustments. This approach was viewed as more inclusive and in line with the social model of disability. However, the responsibility appeared to remain with the students to disclose and seek support rather than the Schools or placement providers considering any changes that they could make to their practice to reduce barriers in anticipation of disabled students' needs.

Nevertheless, subsequent investigation of the effectiveness of this scheme from the students' perspective revealed that the majority of disabled students found it to be very effective in enabling them to access support without having to explain the details of their impairment, particularly in the placement context (Cook et al, 2012). The results also revealed that students were aware of the need to develop professional competencies so used the card only when appropriate to do so; thus providing them with flexibility in deciding when adjustments were needed. Importantly, use of the Student Support Card was deemed to not only provide legitimacy for the need for support, but also helped to prevent assumptions being made about the student's performance or attitude in clinical settings. Disabled students' experience in such settings may therefore be improved by such an approach.

4.6.3 Disabled Students' Experience on Practice Placements

A key aspect of students' training on professional programmes is the work or practice placement component where the skills and knowledge acquired in the student's institution are put into practice in a supportive environment (e.g. Burns & Paterson, 2005; Ryan, Toohey & Hughes, 1996). The success of such training, and ultimately progression to employment in a professional capacity, is dependent on mutual understanding of the purpose of the training and recognition of the shared responsibility of academic institutions and practice placement providers to enable students' learning (Billett, 2009).

There are several key themes that are evident in the literature on the experience of disabled students on practice placements that can impact on their experience; including, the nature of the student's disability (e.g. Matheson & Morris, 2011), the attitudes of placement staff (e.g. Ryan & Struhs, 2004), the student's relationship with their mentor (e.g. White, 2007), the timing of disability disclosure (e.g. MacLeod & Cebula, 2009), and the availability of support and the student's individual coping strategies (e.g. Morris & Turnbull, 2007). Students with similar disabilities can also have different experiences (e.g. Brown et al, 2006) suggesting that several factors can combine to impact on their overall experience.

Interviews with students and health care professionals confirm that attitudes towards disabled people and the perceptions of placement staff can also impact on the student's placement experience, as well as their interpretation of what is reasonable in the context of professional standards (Dearnley et al, 2010). This appears to be particularly prevalent in the health professions where placement staff can experience difficulties with balancing disabled students' rights to access higher education with their obligations to provide a safe environment and professional care for their patients (Rankin et al, 2010).

A formal investigation into professional standards in nursing, teaching and social work undertaken by the Disability Rights Commission (DRC) (2007b) concluded that,

“...students often have a particular difficulty with work placements. This can be because of failures by the university to plan properly for placements, or to communicate the need for adjustments, or to cooperate with placement providers in planning adjustments. Placement providers often lack awareness of disability equality and the DDA, particularly the concept of reasonable adjustments. This issue can be exacerbated by the students’ own reluctance to disclose their disability or longterm health condition” (DRC, 2007b, page 17)

Research suggests that the experience of disabled students may be better in less acute clinical environments where they are under less pressure of time, enabling support strategies to be implemented and ameliorating staff concerns regarding patient safety (Morris & Turnbull, 2006). The development of strategies that can be implemented in more acute environments is therefore seen as key, as is disability awareness training for placement staff, whilst recognising that maintaining safe and effective practice remains paramount for health professionals (Morris & Turnbull, 2007; Sanderson-Mann & McCandless, 2006).

The student’s relationship with their placement mentor can also help to ensure an appropriate balance is achieved between enabling access and maintaining safety in acute clinical environments (White, 2007). This can be improved by effective and sufficient preparation for mentors to ensure they are confident in their role and understand their responsibilities in supporting disabled students (Tee & Cowan, 2012). Such preparation can be facilitated by a supportive framework that enables disabled students to gain experience in a range of clinical environments through establishing effective partnerships between the placement provider, the placement facilitator and the university’s disability service (Griffiths et al, 2010).

Griffiths et al (2010) developed a 'six-phase tripartite model' to support disabled nursing students before, during and after the clinical placement. This involved the university's disability advisers spending a day in different practice settings to familiarise themselves with such settings to help inform the identification of reasonable adjustments. A single case study is provided as an example of the model in practice. The student in question attended a nursing skills session to identify the adjustments and support required to accommodate her disability-related needs on placements. As previously discussed, this illustrates the importance of active involvement of the student in the process of identifying appropriate adjustments to meet their individual needs (e.g. Fuller et al, 2008; Griffiths, 2012; Harrison et al, 2009), and as early as possible prior to their placement experience (Sapey, Turner & Orton, 2004).

Overall, the proposed 'tripartite model' offers a useful approach to identifying and implementing support in the placement setting. However, the authors acknowledged the need for flexibility to respond to variations in the timing of disclosure, or indeed a later diagnosis of disability, and in the awareness and engagement of staff. They also acknowledged the lack of empirical data on the challenges faced by disabled students in clinical practice settings which they claimed has led to assumptions being made regarding students' suitability to fulfill clinical roles. This may in part be driven by the medical model of disability that locates the problem entirely within the student rather than as a consequence of the clinical environment in which they are placed.

Nevertheless, a multidisciplinary approach to identifying adjustments and implementing support is clearly important, ensuring that all parties are involved and are aware of their respective responsibilities (Tee et al, 2010). The importance of pre-placement planning and effective communication is essential in this respect (Botham & Nicholson, 2013). In addition, encouraging early disclosure and ensuring an appropriate response (Simons, 2010), as well as monitoring the effectiveness of adjustments (Storr, Wray & Draper, 2011) can help to improve the experience of disabled students on placement. Providing options that enable disabled students to pursue alternative career paths should

also be considered if, despite the provision of reasonable adjustments on placement, the student has been unable to demonstrate the required professional competencies (Ryan & Struhs, 2004).

As noted earlier, a study on the experiences of disabled students on Initial Teacher Education (ITE) programmes identified disabled students' concerns with disclosure in the placement context (MacLeod & Cebula, 2009). This study also identified specific issues experienced by disabled students on placement, including the need for additional time to prepare for lessons, difficulties with conforming to a full timetable, as well as issues arising from being away from home or travelling long distances to placements. Such difficulties may also be experienced by non-disabled students and may be specific to individual placement settings. Indeed, a review of ITE commissioned by the Scottish Government in 2010 (Donaldson, 2011) revealed that the experience of students on school placements varied widely. While this review did not look specifically at the experience of disabled students in this context, it did recommend improvement in the placement experience and an increased focus on quality assurance. It also highlighted the importance of seeking students' views of their placement experience to help inform decisions about the suitability of individual schools as placement providers.

The suggestion that the issues experienced by disabled students on practice placements may also be those experienced by students in general, has been substantiated to some extent in other research examining students' placement experience across a number of disciplines (Georgiou, Espahbodi & De Souza, 2012). However, no comparison was made in this study with the experience of non-disabled students or between students in different disciplines to determine the nature of any differences in the students' experience.

Aside from nursing, most of the research on disabled students' perceptions of their placement experience has been undertaken in the field of social work. One of the first studies to investigate disabled social work students' experience on practice placements was undertaken by Baron et al (1996). Predating the disability-related legislation that was introduced in the UK from 2001 onwards,

this study offers a useful comparison for future research in this area. Baron et al (1996) identified several barriers that disabled students experienced during social work placements; including those relating to, the physical environment, staff assumptions of the implications of specific impairment categories, and a failure to implement equal opportunities policies where these existed. The researchers concluded that, although there were some examples of good practice once placement staff were made aware of the requirements of individual disabled students, this did not alter the apparent systemic discrimination that permeated throughout social work training at that time as a consequence of insufficient awareness of disability issues.

Subsequently, the most comprehensive review to date of disabled students' experience of social work practice placements was undertaken by Wray et al (2005). The researchers conducted semi-structured interviews with fifty students who had disclosed unseen disabilities, and interviewed a total of fifty disability support staff, placement supervisors and placement coordinators across twenty institutions in England.

The majority of students in this study reported positive experiences on placement including, effective pre-placement planning, adjustments being agreed in partnership with the placement provider and ongoing support and monitoring by staff. Negative aspects were, however, also reported by some students, some of which could perhaps be attributed to the practice placement experience of students generally; in particular, students' relationships with their placement supervisor. However, others were clearly disability-related, including limited awareness and understanding of the student's disability by placement staff, a lack of adjustments in the placement setting and discriminatory experiences such as being made to feel a 'burden'. Fears and concerns over disclosure in such settings were also reported by students. The researchers concluded that disabled students' experiences were predominantly shaped by their unique disability identity and their relationships with others, reflected in the variability of their placement experience. They highlighted the importance of the placement supervisor role being undertaken by experienced staff who are

skilled in building effective relationships with students and adopting a flexible approach to enabling learning.

All three staff groups in this study demonstrated an understanding of student disclosure concerns. However, they also considered that disclosure and the sharing of information about a student's disability might be necessary to uphold their professional duty of care to service users, suggesting a lack of awareness of the sensitivity of such information. In addition, there was evidence of variable knowledge among placement staff in relation to the duties imposed by disability legislation and, in some cases, a lack of related policies and guidance for staff supporting disabled students in the placement setting. Positive qualities were also highlighted by some staff however, including the benefits that disabled students' personal experience could bring to the profession and services users. Most staff interviewed felt that a shared approach to supporting disabled students on placement offered the most constructive way forward for maximising positive outcomes. The tripartite model proposed by Griffiths et al (2010) for the provision of adjustments in clinical settings may therefore be applicable in other placement contexts.

The outcomes from Wray et al's (2005) research, and more recently the review by Stanley et al (2011), indicate that some positive progress has been made in reducing barriers to access to social work programmes since initial investigations of the experience of disabled social work students on placement almost a decade previously (Baron et al, 1996). In particular, there is some evidence of the implementation of inclusive, proactive practice in light of the significant legislative changes in the intervening period, and recognition of the importance of continuous professional development for placement staff to enable appropriate support for disabled students to be implemented.

In addition, it has been recognised that the adjustments provided for disabled students, including robust planning and ongoing monitoring and support, reflect good practice for all social work students generally (Parker, 2007). However, there is also some evidence to suggest that, in relation to disabled students, progress may have been restricted to enabling equality of access rather than

equality of outcomes, resulting in a lack of focus on students' progression on the programme and ultimately onto employment (Fletcher, Bernard, Fairtlough & Ahmet, 2013).

4.7 Literature Review – Concluding Thoughts

It is clear from the literature reviewed in this Chapter that disabled students have both positive and negative experiences of higher education. Some of these experiences are similar to those of non-disabled students, particularly in relation to transition to higher education and adjusting to the academic learning environment. However, it is also clear that the difficulties that can be experienced by all students are exacerbated for some disabled students, and they can experience significant additional challenges over and above those experienced by other students.

In particular, identifying with a disability label and making the decision to disclose an impairment can be inextricably linked to disabled students' experience of higher education and impact throughout their student journey. The challenge of identifying and engaging with support can also be time consuming and creates an additional burden for disabled students. Disabled students' experience can also be shaped by the nature of their impairment and the attitudes and response of staff, despite progress in reducing barriers to access and mainstreaming inclusion.

Such issues can be particularly challenging for students studying professional programmes where the emotional strain of disclosing a disability can be exacerbated. In addition, there is evidence that undertaking practice placements can create further difficulties for disabled students on professional programmes; including the impact of the off campus location, the attitudes of placement staff to disability, fitness to practice or health and safety concerns, and negotiating the complexity of professional competencies. Positive relationships with experienced and supportive placement staff can, however, help to ameliorate some of these difficulties as evidenced in a number of research studies.

4.8 Research Aims and Research Questions

This literature review has revealed that research on the experience of disabled students has been predominantly qualitative in nature, and limited comparisons have been made with the experience of non-disabled students. Furthermore, no research to date has compared the experience of disabled and non-disabled students specifically in the practice placement setting or gathered qualitative data from both groups. In addition, although there is evidence that different professional disciplines adopt similar approaches to the admission and progression of disabled students, there is some evidence to suggest that the medical model approach may be more prevalent in some disciplines than in others; such as medicine. However, limited comparisons have been made between the experience of disabled students in different professional disciplines to explore this.

In this context, my research aimed to build on previous studies by comparing the experience of disabled students and non-disabled students on practice placements across a range of professional disciplines. Following an extensive literature search, no other study had made this specific comparison to date and my research was therefore unique in this respect. Ultimately, it is anticipated that the outcomes of my research will help to enhance the placement experience of all students and ensure that the needs of disabled students in such contexts are appropriately met by encouraging the development of an inclusive approach to the organisation and delivery of this key aspect of professional training that also recognises and responds to individual needs.

My research specifically focussed on the professional disciplines of medicine, dentistry, nursing and midwifery, teaching, social work and community education. As previously discussed, academic staff in such disciplines can face difficulties when trying to balance the requirements of external professional bodies, issues around fitness to practice and universities' duty of care, with the need to make reasonable adjustments for disabled students in line with legislative requirements. These particular disciplines were selected for three

reasons; firstly, they included disciplines that allowed comparison with previous research in this area; secondly, they potentially exemplified the dichotomy between the social and medical approaches to disability; and finally, a larger number of disciplines increased the potential for valid comparisons to be drawn given that the number of disabled students in some of the disciplines was likely to be small.

The central aims of my research were to identify ways to improve the accessibility of practice placements for disabled students and to enhance the practice placement experience of all students, through investigation of students' perceptions of their placement experiences. My research questions, as noted below, therefore sought to investigate the differences, if any, in the practice placement experience of disabled students, including those who chose not to disclose a disability, and non-disabled students, and whether any differences existed for disabled students undertaking practice placements in different professional disciplines:

1. Does the practice placement experience of disabled students differ from that of non-disabled students and, if so, how?
2. Does the experience of disabled students who disclose a disability differ from those who do not and, if so, how?
3. Does the experience of disabled students on 'medical' training programmes differ from those on 'social' programmes⁴⁵ and, if so, how?

The following Chapter explains the methodology used to explore these research questions, including the rationale for the approach taken, and provides details of the participants, research methods and data analysis techniques employed in my research study.

⁴⁵ Clarification of 'medical' and 'social' programmes is provided in Chapter 6, Section 6.1.5.

5. Chapter 5 - Methodology

5.1 Rationale for Methodological Approach

The rationale for the methodological approach to my research study was firmly rooted in my applied professional background and reflected a pragmatic epistemology; that is, a perception of knowledge based on human experience (Gutek, 1997) with a key emphasis on valuing research for its usefulness to inform practice (Feilzer, 2010) by solving problems of direct relevance to people's experiences in the 'real world' (Robson, 2013). This reflects the view of a pragmatic researcher as one whose "unique contribution is to open up inquiry to all possibilities while tying that search to practical ends" (Maxcy, 2003, page 86), and who is flexible in the use of investigative techniques (Onwuegbuzie & Leech, 2005).

This approach to research was particularly reinforced when I moved from working as a research psychologist to managing a professional service as a disability practitioner in higher education. Previously, my research background primarily reflected a positivist epistemology; that is, a belief in an objective reality that can be verified through empirical investigation (Cohen, Manion & Morrison, 2011). My early research career therefore involved the use of experimental intervention studies, including investigating theoretical perspectives on reading development for example. However, my interest even then was in the potential for the research outcomes to influence practice; in this example, how reading was taught in schools.

This interest developed further as I progressed in my research career with an increasing focus on the importance of the perspectives of those directly affected by the research and the applicability of the research outcomes. In this respect, while my theoretical approach to research shifted towards a constructivist paradigm, which emphasises the value of the experiences of the research participants (e.g. Mertens, 2010), a focus on undertaking research that addressed specific issues and influenced practice remained central to my research interests.

In the context of this thesis, an entirely positivist or constructivist perspective was not considered to be appropriate as neither of these opposing paradigms would sufficiently address my research questions. In particular, a focus solely on quantifying any differences between disabled and non-disabled students' experiences would preclude the potential to examine the detailed personal narratives of individual students. Conversely, a focus solely on the constructed reality of students' individual experiences would preclude statistical comparisons between the experiences of students in different groups. As both perspectives were considered important to provide a deeper understanding of students' placement experiences, to enable recommendations for practice to be made with more confidence, a pragmatic approach was pursued.

Such an approach draws on both positivist and constructivist epistemologies (Della Porta & Keating, 2008) based on the criteria of fitness for purpose for the research, "regarding 'reality' as both objective and socially constructed" (Cohen et al, 2011, page 23). It therefore lends itself to identifying research methods that are best suited to the research questions, allowing the freedom to use both quantitative and qualitative techniques whilst acknowledging the different underlying epistemological assumptions of each (Johnson & Onwuegbuzie, 2004), and their respective implications for the collation and analysis of data and the interpretation of results (Morgan, 2007).

In particular, it is important to acknowledge the distinction between the underlying assumptions of a positivist paradigm that are based on an objective reality that is independent of the researcher, and those of the constructivist paradigm that are based on a reality that is socially constructed by the meaning attributed by those participating in the research; including the subjectivity of the researcher (Della Porta & Keating, 2008). Such an acknowledgement allows quantitative and qualitative methods to be combined in the same research study for complementary purposes, utilising the strengths of each to enhance the other (Sale, Lohfeld & Brazil, 2002).

The use of quantitative and qualitative methods in the same study is typically termed 'mixed methods' (e.g. Doyle, Brady & Byrne, 2009) or 'multi-strategy' research (e.g. Bryman, 2006; Robson, 2013), although I will use the term mixed methods throughout for consistency. Described as the 'third methodological movement' (Tashakkori & Teddlie, 2010), there has been some debate over whether a mixed methods approach constitutes a new research paradigm (e.g. Cohen et al, 2011), and the distinction between mixed and multiple methods of research is not always clear (e.g. Elliott, 2004).

Gathering quantitative and qualitative data within the same study, and comparing the outcomes from analysis of one type of data with the other, appears to be the key distinction between mixed methods and research that involves multiple methods without any interrogation of the relationship, if any, between the different types of data (Teddlie & Tashakkori, 2010). Multiple methods research also typically refers to the use of more than one method of data collection, such as interviews and observations, but of the same type of data; for example, qualitative (Creswell, 2011). There is recognition, however, that there are inconsistencies in the literature regarding the definition of mixed methods research (Cameron, 2011). A comparative analysis of the different definitions provided by mixed method researchers, who were deemed to be leaders in the field at that time, resulted in the following definition:

"Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g. use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration" (Johnson, Onwuegbuzie & Turner, 2007, page 123).

However, despite the rapid growth in the use and recognition of mixed methods research over the past ten years (Cameron, 2011), the perceived superiority of such an approach over any others has been questioned. In particular, Symonds and Gorard (2010) challenged the assumption that combining quantitative and

qualitative approaches provides a better understanding of the research problem than either approach alone, as other authors have suggested (e.g. Creswell & Plano Clark, 2011). They concluded that all research methods have strengths and weaknesses and mixed methods research was no different in this respect. They therefore argued against holding rigidly to any one method and recommended allowing researchers the freedom to develop new and innovative approaches appropriate to their research question.

A mixed method approach was therefore employed in this study as it appeared to be the most relevant to the research questions I wished to investigate, allowing the use of both quantitative and qualitative techniques to provide breadth and depth of analysis, with the findings from each compared to identify any common themes; reflecting the quality criteria suggested for mixed methods studies (Bryman, Becker & Sempik, 2008).

5.2 Research Design

Numerous typologies and classifications of mixed methods designs have been proposed by different researchers over the years (e.g. Creswell & Plano Clark, 2011; Leech & Onwuegbuzie, 2009). However, the two main factors relating to the different methods employed appear to be the timing of the collection of the different types of data (*concurrent* or *sequential*), and whether one type of data is deemed to be more important than the other (*dominant* or *equal*) in relation to the research question (Lopez-Fernandez & Molina-Azorin, 2011).

The approach in my research study combined an online questionnaire survey, including questions intended to gather both quantitative and qualitative data at the same time (*concurrent*), followed by individual, semi-structured interviews that explored students' placement experience in more detail (*sequential*). The quantitative survey data was gathered to enable comparisons between different groups of students as defined by the research questions; particularly between disabled and non-disabled students, and students in different academic disciplines. The qualitative data from the survey and interviews was initially analysed separately and subsequently compared with the results of the analysis

of the quantitative data from the survey, providing an opportunity to identify any common themes or discrepancies and to explore the results in more detail. This approach recognised that, although the online survey was designed to generate both quantitative and qualitative data through the use of closed and open-ended questions (Oppenheim, 2000), the responses to the closed questions on the survey that utilised a Likert scale (Likert, 1932) were not entirely objective, involving an element of subjective judgement in students' responses and in the interpretation of the results (Gorard, 2010).

An additional perspective on students' experience on placement was provided by comparing the themes identified from the results of my research with those identified from thematic analysis of the placement feedback reports prepared independently by the individual disciplines involved in the research, where these reports were available. Comparison of the survey, interview and discipline feedback allowed greater insight into the students' experience, whilst recognising the limitations of comparing results obtained using different methods and in different circumstances (Bryman, 2007).

As stated in Chapter 4, the central aims of my research were to identify ways to improve the accessibility of practice placements for disabled students and to enhance the practice placement experience of all students through investigation of students' perceptions of their placement experiences. These aims stemmed from my professional experience of the issues raised by disabled students in the placement context, and in response to an identified gap in the research literature. The qualitative data that was gathered via students' responses to the open-ended questions on the online questionnaire survey and through student interviews was considered to be the most important in relation to the research questions and consequently *dominant* in the design. Specifically, I did not believe it would be possible to do justice to the rich and complex reality of the placement experience without capturing the personal perspectives and narratives of the students involved, and identifying themes from analysis of this data. My research was therefore primarily inductive in its approach (Braun & Clarke, 2006).

Comparison of the interview and survey data met the underlying principles of mixed methods research (Teddle & Tashakkori, 2009) but the research design did not sit neatly within any of the numerous models proposed in the literature. Indeed, there is increasing recognition that such models or typologies do not adequately capture the myriad of mixed methods designs utilised by researchers (Creswell, 2011). I therefore adopted the approach that researchers should use any appropriate method to answer the research question (Gorard, 2010), whilst acknowledging the epistemological caveats noted in Section 5.1. Therefore, my research design allowed for the use of both *concurrent* and *sequential* methods of data collection with the emphasis on comparing the results from both to obtain a better understanding of students' placement experience and ultimately to influence practice. I viewed the latter as particularly important to enable themes identified from analysis of students' feedback to influence the research outcomes rather than simply reporting their experiences; a criticism that has been levelled at previous research in this area (e.g. Harrison et al, 2009). As discussed in Chapter 2, this also attempted to reflect an emancipatory approach to disability research (e.g. Barnes & Mercer, 1997; Oliver, 1992; Riddell et al, 2004).

My research proposal was approved by the University's Research Ethics Committee (UREC) on 1st February 2012 (see Appendix 2) following minor changes to clarify participant consent to recording the interview, and the process for handling disability disclosure from participants during the research. As noted under Research Methods below (Section 5.4.1), I subsequently altered my initial research proposal slightly from that approved by UREC to create a stand-alone questionnaire survey. However, this change was not deemed by the Chair of UREC to be a significant departure from the original proposal to warrant resubmission to the Committee.

5.3 Participants

The research was undertaken at a Scottish University that delivers a large number of programmes that confer professional qualifications and automatic entry into a recognised professional body. All students at this University who

were studying undergraduate or postgraduate programmes leading to professional accreditation within the academic disciplines of medicine, dentistry, nursing and midwifery⁴⁶, education, social work and community education during academic years 11/12 and 12/13, and who had completed at least one practice placement, were invited to participate in the research. The justification for selecting these particular disciplines is provided in Chapter 4.

Participants were volunteers, over 18 years of age, with and without disclosed disabilities and reflected any gender, age or other bias inherent to such programmes. The latter is discussed in more detail in Chapter 6, together with a breakdown of respondents' demographic details; including their age, gender and disability status. Participants were recruited via their University email account with the help of the discipline Programme Leaders (see Appendix 3), and through additional awareness raising undertaken by the University's Disability Services' department (see Appendix 4).

All participants were given the opportunity to disclose a disability during the survey and interview stages of the research; the former on the basis of selecting from the Higher Education Statistics Agency (HESA)⁴⁷ disability categories provided on the survey (see Appendix 5), and the latter in response to a yes/no question posed during the interview to confirm the student's disability status. Both forms of 'disclosure' required the student to self-identify with the terms 'disabled' and 'disability'. However, for those disabled students who were registered with the University's Disability Services, documentary evidence was also available that confirmed a diagnosis of a disability, as required by the University for the provision of individual reasonable adjustments; for example, a doctor's letter or a psychologist's report. I had access to this evidence in my role as Head of Disability Services for all students registered with the Service. However, it was not used for any purpose in the research.

⁴⁶ The discipline of 'nursing and midwifery' has been shortened to 'nursing' throughout for ease of writing.

⁴⁷ HESA collects a range of student and other data annually from higher education institutions in the UK: <http://www.hesa.ac.uk/>

5.3.1 Participant Information and Consent

Participant information was provided at the start of the online survey explaining the purpose of the research and confirming the anonymity for participants (see Appendix 6). This enabled students to make an informed choice to participate in the research and to provide consent by clicking on the 'Continue' option within the survey. If the 'Continue' option was selected, the first page of the survey included a further check of the student's consent by inclusion of the following statement: "You have agreed to participate in the online research survey. If you did not intend to do this, please exit the survey by closing this window. Otherwise, please continue by answering the questions below. Thank you."

Those students who indicated that they wished to participate in an interview on completion of the online survey, by providing their email address, were subsequently contacted and provided with a 'Participant Information Sheet' (see Appendix 7) in advance of the interview. They were also asked to sign a 'Participant Informed Consent Form' on attendance at the interview (see Appendix 8), including to give consent for the interview to be recorded. If any concerns or sensitive issues were raised during the interview process, I responded to these as appropriate utilising the knowledge and skills I have developed through working with disabled students for many years.

All participants were advised that they could contact me for further information at any time, including for the results of the study should they wish to do so. Those students who had participated in an interview, and were still contactable through their University email account, were also provided with a brief summary of the interview results following analysis. Students' participation was voluntary for both the online survey and interview, and they were advised that they could withdraw from the research at any time and without explanation.

All participants were provided with an explanation of the procedures in place to maintain confidentiality (see Section 5.5.1). This included procedures to ensure that disability-related information disclosed through the online survey or at interview was not available to anyone else, including the student's Academic

School, unless the student had given their written consent to this. Where such consent was provided, I arranged for the student to meet with a Disability Adviser to discuss any issues or support requirements in confidence, in line with Disability Services' referral procedures.

Due to my professional background, I was familiar with interacting with disabled students on a regular basis, including using acceptable language and responding appropriately to sensitive issues. I was also familiar with the necessary legislation and protocols required when working in the disability field, including appropriate processing of sensitive personal information and obtaining disclosure consent. This may have provided additional reassurances to the students who chose to participate.

5.4 Research Methods

As explained in section 5.1, I pursued a mixed methods approach to my research utilising an online questionnaire survey and individual semi-structured interviews to gather both quantitative and qualitative data. This recognised the potential advantages in using each method as well as their inherent limitations. In particular, I was aware that, although the online survey provided ease of access and anonymity for the participants, particularly given the sensitive nature of the research, this prevented clarification of participants' responses to be sought and also prevented further explanation to be provided if any of the questions were unclear (Cantrell & Lupinacci, 2007). In addition, the survey questions relating to disability and disclosure, which required participants to select from specific HESA categories of disability (see Appendix 5), potentially introduced issues relating to variations in students' self-concept and identity in response to the terms 'disability' and 'disabled' (e.g. Riddell et al, 2004); as discussed in Chapter 2.

Conversely, the interviews provided an opportunity to clarify the question if this was initially unclear to the student and also allowed further probing should the answer that was provided be unclear. However, there is the potential for

interviewer bias to unintentionally influence interviewee's responses (Cohen et al, 2011), particularly in a situation where the interviewer is knowledgeable of the research area. I was therefore conscious of minimising the impact of this both in terms of my questioning style and any reaction to the students' responses, but also with respect to the potential influence of my position as Head of Disability Services. In particular, I was aware that my position could make some students less likely to be honest in their responses when asked about their views on disabled professionals, but I also felt my role could provide reassurance for students to speak openly about their experiences. In addition, there was the potential generally for participants to give socially desirable responses to socially sensitive questions, particularly in an interview situation (Van de Mortel, 2008) due to the interpersonal nature of this context (Harris & Brown, 2010).

5.4.1 Online Questionnaire Survey – Development and Piloting

My initial proposal when considering the use of an online survey was to insert questions related to my research into the existing placement feedback surveys used by the different academic disciplines involved in the research. I anticipated that this would potentially result in a higher response rate and also enable comparative analysis to be undertaken of students' responses to the questions posed by their academic discipline as well as those inserted for my research purposes. However, following feedback from Programmes Leaders, it became clear that this was not feasible for two reasons. Firstly, not all disciplines obtained feedback on students' placement experience via an online survey and, secondly, some of those that did required students to include their matriculation number in their response, precluding anonymity. However, the results from individual disciplines' placement feedback surveys, where available, were subsequently used for comparison purposes during data analysis. These results took the form of summary reports prepared by the individual disciplines.

I therefore decided to develop a stand-alone online questionnaire survey using the Bristol Online Survey tool (BOS)⁴⁸. BOS was chosen as the survey tool due to its ease of availability for academic research purposes and its accessibility for disabled users; the latter was ensured by utilising appropriate question formats in line with the BOS guidance on creating accessible surveys⁴⁹. In particular, I avoided the use of question grids which can pose significant barriers for disabled users. Participants were also advised that alternative formats of the survey could be provided if required to meet their individual disability-related needs. Such formats were not subsequently requested so all students who participated in the survey completed the online version.

The survey was designed to elicit both closed and open-ended responses, including to enable respondents to clarify their response to specific closed questions. In addition, questions were included to gather demographic data on the respondents' gender, age, disability status and the nature of their studies, whether undergraduate or postgraduate, as well as their academic discipline to enable comparisons to be undertaken of the responses of students in different groups (see Appendix 9 for the online survey questions). All questions on the survey were optional. Questions 1 to 13 were aimed at all students and Questions 14 to 20 were intended to elicit responses from disabled students. The option to finish the survey after Question 14 was provided for those students who responded 'No' to this question; that is, they did not consider themselves to be covered by the legal definition of disability. However, all students were able to continue with the survey after Question 14 if they chose to do so. This option was included to capture those disabled students who did not identify with the legal definition of disability.

Questions 14, 15 and 16, relating to disability and disclosure, were adapted from those I had previously used in a questionnaire survey to obtain feedback from students on the University's Disability Equality Scheme (Appendix 17, page 41-45). These questions had been developed at that time following focus group discussions with disabled students and I therefore felt confident in their

⁴⁸ BOS website: <http://survey.bris.ac.uk>

⁴⁹ BOS guidance: <http://www.survey.bris.ac.uk/support/creating-accessible-online-surveys>

applicability for this purpose. The disability categories provided reflected those used by the Higher Education Statistics Agency (HESA) (see Appendix 5).

The draft online survey was circulated for comment to Programme Leaders and piloted with three student volunteers who did not participate in the main study but contributed to the refinement of the questions. Some adjustments were made to the question wording following this feedback but no questions were removed. One question was added to clarify for those students who had completed more than one placement whether they would rate their experience on some placements higher than others. It was also evident from the feedback received from both Programme Leaders and the student volunteers that the terminology used to describe the members of placement staff who were responsible for overseeing students' practice placement varied depending on their academic discipline; including 'placement supervisor', 'placement mentor' and 'practice educator'. The term 'placement supervisor' was ultimately selected based on the feedback received as being the most relevant to all the disciplines involved.

Full details of the research, and a link to the online survey, were circulated to all students on relevant undergraduate and postgraduate programmes with the support of Programme Leaders in the participating disciplines (see Appendix 3). I also created an information leaflet to raise awareness of the research with disabled students registered with Disability Services (see Appendix 4) and arranged for another member of Disability Services' staff to send an email to all students who were registered with the Service, and undertaking a relevant professional programme, providing details of the research. I did not email students directly until they contacted me to indicate interest in participating in the research to ensure they did not feel pressurised into responding, given my connection with Disability Services.

Once ethics approval had been confirmed by the University's Research Ethics Committee (see Appendix 2), I launched the online survey which subsequently ran for a full year from 1st February 2012 to 31st January 2013, covering two academic years (11/12 and 12/13). Participation in the online survey was

voluntary, all questions were optional and students could respond to the survey anonymously. The option to include their email contact details at the end of the survey was provided for those students who wished to indicate interest in participating in an optional follow-up interview (see 'Participant Information Sheet for Online Survey' in Appendix 6). As an added incentive, all students were advised that those who participated in an interview would be entered into a prize draw for a Kindle with the winner drawn at random after all interviews had been completed.

5.4.2 Semi-Structured Interviews – Development and Piloting

I prepared a draft Interview Schedule which was circulated for comment to Programme Leaders and subsequently piloted with the three student volunteers who had also provided feedback on the draft online questionnaire. These 'mock' interviews provided very useful feedback on the time required to complete the interview and resulted in the amendment of one question in particular relating to students' perceptions of other people's views towards disabled people in their profession. It became clear that this question needed to be sufficiently flexible to enable students to give their own view on this issue in addition to, or instead of, the view of those they came into contact with on placement. The final Interview Schedule (see Appendix 10) provided a framework for the interview but questions were adapted to follow-up on students' responses and to allow their personal perspective on their placement experience to naturally emerge without rigid constraint. I felt this was particularly important given the sensitive nature of some of the disability-related questions but also to provide a more relaxed and fluid pace to the interview, enabling participants to feel more confident in expressing their views.

All students who completed the online placement experience survey, and indicated interest in participating in a follow-up interview, were contacted by email to identify a suitable time to meet and to provide further details of the interview process (see 'Participant Information Sheet for Interviews' in Appendix

7). The interviews were arranged throughout the period of the online survey and continued thereafter to meet students' availability. The majority of the interviews were held in my work office, providing a confidential setting; one interview was held in a confidential meeting room on another of the University's campuses for ease of access of the student. All interviewees were asked to sign a 'Participant Informed Consent Form' (see Appendix 8) including to confirm their consent to the interview being recorded for transcription purposes. As previously noted, the interviews were semi-structured but there was sufficient flexibility in the interview schedule to allow the student to talk openly about their placement experience. This meant that, in some cases, not all questions were asked. Following completion of the interview, the recording was uploaded to the University's secure network and the original deleted for data protection purposes.

5.5 Data Protection and Analysis

5.5.1 Data Protection

All personal or sensitive data from the research study was processed in accordance with the Data Protection Act (1998), and the results have been reported in this thesis in an anonymous format so individuals cannot be identified. Pseudonyms have been used where direct quotes are provided in the results as illustrations of the students' responses to the online survey or interview questions. In addition, any identifying information has been removed from the quote to protect the anonymity of the participants, and any others referred to in their response. All of the research data has been stored in a locked filing cabinet or on a secure, password-protected network and will be destroyed on completion of the research degree.

5.5.2 Quantitative Data Analysis

All the quantitative data from the online survey was exported from BOS and analysed using SPSS (IBM Corp, 2010). The variability in the sampling framework due to the self-selected sample, the nominal nature of the data and the potential for response, or non-response, bias necessitated the use of non-parametric statistics (Siegel & Castellan, 1988). In particular, given the sensitive nature of the research, there was potential for students to be concerned about anonymity and to respond in a way that they thought they should rather than according to their actual views (Sax, Gilmartin, Lee & Serra Hagedorn, 2008). There was also the potential for differences in the motivation of students to respond to the survey, perhaps attracting those with more extreme views, whether positive or negative, of their placement experience (Webber, Lynch & Oluku, 2013).

The quantitative data was analysed using SPSS to compare the responses of students in different groups, in particular to explore the initial research questions. Comparisons were therefore made of the responses of disabled students, including those who had disclosed a disability to the University and those who had not, with those of non-disabled students across all questions. A comparison was also made of the responses of students in different academic disciplines, in particular to reflect the 'social' and 'medical' discipline groups⁵⁰.

5.5.3 Qualitative Data Analysis

All the qualitative data from the open-ended questions on the online survey was exported from BOS to Microsoft Excel (2010) and all interview recordings were reviewed and transcribed using Audio Notetaker software (Sonocent Ltd.,

⁵⁰ The 'social' group consisted of students in the disciplines of education, social work and community education, and the 'medical' group consisted of students in the disciplines of medicine, dentistry and nursing.

2009). The latter was a long process given the number of students who were interviewed but I felt it was important that I undertook all of the transcription myself to ensure I was sufficiently familiar with the data to undertake coding and analysis (Robson, 2013). The transcripts of the interviews were subsequently exported to Excel and data coding was completed for these and the qualitative survey responses separately, utilising a thematic analysis approach (Braun & Clarke, 2006). This involved many reviews of the transcripts and survey responses to categorise the data from each into descriptive codes, and subsequently to identify prevalent patterns or 'themes' that were common across the data codes:

"A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, page 82).

Direct quotes were extracted from the students' survey and interview responses as exemplars of the themes and added to their respective Excel spreadsheets to ease future retrieval. In an effort to avoid losing the rich context of the original interview transcripts and survey responses when identifying codes and themes, I reviewed the data many times in a continuous process of iterative thematic analysis (Hansen 2006; Srivastava & Hopwood, 2009).

The following Chapter provides detailed results of statistical and thematic analysis of the online survey and interview data, together with the outcome of a thematic analysis of the placement feedback obtained independently by the individual disciplines involved in the research; the latter involved reviewing the placement feedback reports prepared by each discipline, where available. These reports contained examples of the original data sources, including quotes from individual students, but were primarily a summary of the feedback results and therefore reflected the interpretation of the report author.

6. Chapter 6 - Results

This Chapter presents the results from the online placement experience survey and the semi-structured interviews that were undertaken for my research study, together with a summary of the placement feedback that was obtained independently by individual disciplines during the period of the research; the latter where the reports of such feedback were available.

6.1 Online Survey – Quantitative Results

The quantitative data from the online placement experience survey⁵¹ was analysed to compare the responses of students in different groups, in particular to explore the initial research questions:

1. Does the practice placement experience of disabled students differ from that of non-disabled students and, if so, how?
2. Does the experience of disabled students who disclose a disability differ from those who do not and, if so, how?
3. Does the experience of disabled students on 'medical' training programmes differ from those on 'social' programmes and, if so, how?

In relation to the second question, the small number of students who disclosed a disability on the survey but had not formally disclosed a disability to the University or their placement provider (7 students), precluded the use of quantitative analysis. However, a thematic analysis was undertaken of their qualitative responses, where these were provided, to investigate any differences in their experience compared to their peers (see section 6.2.5).

⁵¹ All responses to the online survey quantitative questions are provided in Appendix 11.

6.1.1 Survey Distribution and Response Figures

In total, 353 students responded to the online placement experience survey; 263 students fully completed the survey and 90 partially completed it.

Distribution and response figures for the survey are provided for each academic discipline in Table 1, where these were available⁵².

Table 1 – Survey Distribution and Response by Discipline (N,%)

Discipline	Distributed	Responded		
		N	% distributed	% respondents
Medicine	n/a	31	-	8.9
Dentistry	68	18	26.5	5.2
Nursing	1100	149	13.5	42.8
Education	452	79	17.5	22.7
Social Work	134	65	48.5	18.7
Community Education	n/a	6	-	1.7
Total	n/a	348*	-	98.6%*

* number and percentage of respondents who provided details of their academic discipline

The majority of respondents indicated that they were students in the discipline of nursing (43%) or undertaking education (23%) or social work (19%) programmes. A comparison of the demographic data of respondents with the student population on their programme during the period of the survey, revealed

⁵² 'n/a' indicates where distribution figures were not available from the discipline Programme Leaders who helped to raise awareness of the research with their students.

some evidence of nonresponse bias in terms of gender and disability. In particular, a higher proportion of females than males responded in medicine, dentistry and community education (see Table 2), and a higher proportion of disabled students responded in five of the six disciplines (see Table 6) compared to the gender and disability distribution of the underlying student population in these disciplines (see Appendix 12).

6.1.2 Demographic Results⁵³

The vast majority of students who responded to the online survey and provided details of their gender were female (87.6%) (see Table 2), reflecting the gender imbalance in teaching and social work disciplines and in subjects allied to medicine (HESA, 2013c; Kay, 2001). This result also reflects the fact that the majority of the survey respondents were studying nursing, education or social work which had the higher proportion of female students in the underlying student population during the period of the research (see Appendix 12). In addition, there is evidence to support that more females than males typically respond to online surveys (Smith, 2008).

⁵³ With the exception of Table 6, the percentages in all tables reflect the percentage of students who responded to each question and not the total number of respondents.

Table 2 – Student Gender by Discipline (N,%)

Discipline	Gender			
	Male		Female	
	N	%	N	%
Medicine	6	19.4	25	80.6
Dentistry	5	27.8	13	72.2
Nursing	17	11.4	132	88.6
Education	9	11.4	70	88.6
Social Work	6	9.2	59	90.8
Community Education	0	-	6	100.0
Total	43	12.4%	305	87.6%

The vast majority of students who responded to the survey were also aged 25 and under and were undertaking undergraduate programmes of study (see Tables 3 and 4). This reflects the fact that the students who were invited to respond to the survey were predominantly studying undergraduate taught degrees. In addition, the majority of students in the underlying population during the period of the research were aged 25 and under in all six disciplines and, with the exception of community education, the proportions responding to the survey in each age group also reflected those in the underlying student population (see Appendix 12). The small number of respondents studying community education is likely the cause of this discrepancy.

Table 3 - Student Age by Discipline (N,%)

Discipline	Age			
	25 and under		Over 25	
	N	%	N	%
Medicine	26	83.9	5	16.1
Dentistry	17	94.4	1	5.6
Nursing	94	63.1	55	36.9
Education	68	86.1	11	13.9
Social Work	32	49.2	33	50.8
Community Education	4	80.0	1	20.0
Total	241	69.4%	106	30.6%

Table 4 - Student Level of Study by Discipline (N,%)

Discipline	Level of Study			
	Undergraduate		Postgraduate	
	N	%	N	%
Medicine	29	93.5	2	6.5
Dentistry	18	100.0	0	-
Nursing	145	97.3	4	2.7
Education	74	94.9	4	5.1
Social Work	55	84.6	10	15.4
Community Education	6	100.0	0	-
Total	327	94.0%	20	6.0%

Table 5 below shows that the vast majority of students who responded to the survey had also completed more than one placement (94.9%), minimising the potential for the results to be skewed by students' experience on a single placement.

Table 5 – Number of Placements by Discipline (N,%)

Discipline	Number of Placements					
	One		Two to three		More than three	
	N	%	N	%	N	%
Medicine	1	4.8	1	4.8	19	90.4
Dentistry	0	-	0	-	18	100.0
Nursing	1	0.8	42	35.9	74	63.3
Education	8	12.5	14	21.9	42	65.6
Social Work	2	3.7	47	87.0	5	9.3
Community Education	2	66.7	1	33.3	0	-
Total	14	5.1%	105	37.9%	158	57.0%

6.1.3 Disability Disclosure Results

In order to identify respondents who were disabled, they were provided with the definition of disability under the Equality Act (2010) and asked to indicate whether they considered themselves to be covered by this definition by selecting ‘Yes’ or ‘No’ on the survey. The question stated:

“A disabled person is defined under the Equality Act (2010) as someone who has ‘a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. This definition covers a wide range of impairments including specific learning difficulties such as dyslexia, mental health difficulties and chronic health conditions such as diabetes. Having read this, do you consider yourself to be covered by the definition?” (online survey, Question 14).

Table 6 below shows that 50 students (14%) indicated that they considered themselves to be disabled in response to this question. With the exception of dentistry, the percentage of students in each discipline who responded 'Yes' to this question was also higher than the percentage of those in their discipline who disclosed a disability to the University over the period of the survey (see Appendix 13), and those disclosing a disability in the comparable UK student population (ECU, 2013a; see extract in Appendix 14)⁵⁴. This is to be expected given that the main purpose of the survey was to compare the experiences of disabled students with their non-disabled peers and it is therefore likely that a greater proportion of disabled students would be inclined to participate in the research, particularly given that disabled students were specifically targeted in participant recruitment material and via the University's Disability Service. It should be noted, however, that a significant minority of students (95, 27%), did not respond to this question.

Table 6 - Student Disability Disclosure by Discipline (N,%)

Discipline	Disability Disclosed					
	Yes		No		No response	
	N	%	N	%	N	%
Medicine	8	25.8	12	38.7	11	35.5
Dentistry	0	-	16	88.9	2	11.1
Nursing	22	14.8	86	57.7	41	27.5
Education	9	11.4	52	65.8	18	22.8
Social Work	8	12.3	42	64.6	15	23.1
Community Education	3	50.0	0	-	3	50.0
Total	50	14.2%	208	58.9%	95	26.9%

Students had the option to provide additional information about the nature of their disability (see Table 7) by selecting from a range of statements reflecting the disability coding frame used by HESA from AY 10/11 onwards (see

⁵⁴ Comparable data for the UK student population was only available in the ECU report for the disciplines of education, subjects allied to medicine, and medicine/dentistry combined.

Appendix 5). Students could select more than one statement. Examination of the results revealed that a higher number of students (57) specified the nature of their disability than the overall number who disclosed a disability on the survey (50), suggesting perhaps that these seven students did not identify with the legal definition of disability (e.g. Tinklin et al, 2004a). Some students also selected more than one statement indicating that they had multiple disabilities. The students' academic disciplines are not included in Table 7 due to the small number of respondents providing details of the nature of their disability and the potential therefore for individuals to be identified.

Table 7 - Nature of Disability Disclosed (N,%)

Nature of Disability	N	%⁵⁵
Specific learning difficulty such as dyslexia, dyspraxia or ADHD	30	42%
Social or communication impairment such as Asperger syndrome/other autistic spectrum disorder	0	-
Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	8	11%
Mental health condition such as depression, schizophrenia or anxiety disorder	14	20%
Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	8	11%
Deaf or a serious hearing impairment	1	4% ⁵⁶
Blind or a serious visual impairment uncorrected by glasses	2	-
Other (please specify)	8	12%

The proportion of respondents disclosing specific impairments reflected the proportion of students who had disclosed such impairments in the underlying student population, with the exception of mental health condition and physical impairment; both of these were higher than the proportion in the underlying

⁵⁵ The percentages in this table reflect the proportion of respondents disclosing specific impairments out of the total number of responses to this question and not the total number of respondents, as students could select more than one category of impairment

⁵⁶ Deaf/Blind impairment categories have been combined to calculate the proportion

population. In addition, the proportion of respondents disclosing 'Other' disabilities was lower than the proportion in the underlying population (see Appendix 13). These results may have been due to the fact that there was not a separate category to select multiple disabilities on the survey, or respondents with these specific impairments may have been more or less inclined to complete the survey.

Statistical analysis of responses to the follow-up questions on disclosure, indicated that disabled students were more likely to disclose to the university than to their placement provider (16 students were in this category; see Table 8), although this difference was not significant; Chi square analysis: $\chi^2 = 2.042$, $p = 0.153$, $df = 1$, where 'p' is the probability of rejecting the null hypothesis that there is no difference and 'df' is the degrees of freedom.

Table 8 - Disability Disclosure to University and/or Placement (N,%)

Disclosure Status	N	%
No disclosure to University or Placement	7	12.3
Disclosure to both University and Placement	29	50.9
Disclosure to University only	16	28.0
Disclosure to Placement only	5	8.8

The 23 students who had disclosed a disability on the survey but had not disclosed to their placement provider indicated that they were studying nursing or medicine (16), and education or community education (7)⁵⁷. Eleven of these students disclosed that they had dyslexia, seven had a mental health difficulty, and the other five had medical disabilities. The nature and proportions of these impairments reflected those disclosed by students who had disclosed their disability to their placement provider, suggesting that the nature of the students' impairment did not affect their decision to disclose on placement. Further analysis of the results for those students who chose not to disclose their disability to their placement provider is provided in sections 6.1.5 and 6.2.4.

⁵⁷ Disciplines have been combined due to small numbers and the potential for individuals to be identified

Of the 34 students who did disclose their disability to their placement provider, only 12 indicated that adjustments had been put in place to support their disability-related needs on placement. These adjustments included flexibility on attendance, such as changes to shifts and working arrangements, time off to attend disability-related treatment, personal assistance and the provision of equipment. Analysis of data available from the University's Disability Services⁵⁸ showed that, of the 1,270 students who had disclosed their disability to the University during the period of the research (7% of the total student population), 746 (59%) had registered with the University's Disability Services for additional support, including for the provision of adjustments. No data was available, however, on how many of these students had disclosed their disability to their placement provider or had adjustments in place in this context.

Students were also asked whether they had been given the opportunity to disclose a disability prior to their placement (see Table 9).

Table 9 - Opportunity to Disclose Prior to Placement by Discipline (N,%)

Discipline	Opportunity to Disclose			
	Yes		No	
	N	%	N	%
Medicine	4	36.4	7	63.6
Dentistry	0	-	0	-
Nursing	19	65.5	10	34.5
Education	7	53.8	6	46.2
Social Work	11	84.6	2	15.4
Community Education	1	100.0	0	-
Total	42	62.7%	25	37.3%

The total number of students who responded to this question (67) exceeded the total number of students who had disclosed a disability on the survey (57) which

⁵⁸ This data was available to the researcher on the basis of her role as Head of the University's Disability Services and was processed in line with the Data Protection Act (1998).

may have been due to some disabled students responding to this question who had not disclosed that they had a disability in response to other questions on the survey. Further exploration of the data revealed that 22 of the 25 students who had responded 'No' to this question had responded 'Yes' to the question about whether they had a disability suggesting that a review of the disclosure procedures for practice placements would be beneficial to ensure that disabled students are routinely given the opportunity to disclose prior to placement.

An additional question to explore students' reasons for non-disclosure to the University provided a number of options (see Table 10). These options were provided on the basis of previous research I had undertaken for the purposes of gathering data from disabled students for the University's Disability Equality Scheme (DES) (see Appendix 17, page 11-12 and 41-45), which identified common themes from students' disclosure decisions. Respondents could select more than one reason from the options provided.

Table 10 - Reasons for Non-Disclosure to University (N,%)

Reasons for Non-Disclosure to University⁵⁹	N	%
I did not have a disability when I applied to the University	2	n/a
I do not consider it to be relevant to my studies	8	n/a
I am unaware of the possible benefits of doing so	3	n/a
I do not remember being given the opportunity to disclose	3	n/a
I am concerned I might be discriminated against	5	n/a
Other (please specify)	3	n/a

Those students who selected 'Other' had the option to provide further details; three students chose this option. Their responses were; they did not want to receive 'special treatment' or to be 'labelled'; their disability did not affect their studies; and they had concerns regarding the potential for disclosure to affect future employment opportunities.

⁵⁹ Students could select more than one response when answering this question

The number of students responding to the question on their reasons for disclosure was small but the proportions selecting each option were similar to those in previous research I had undertaken for the University's DES. However, a greater proportion of respondents in the placement survey indicated discrimination concerns (21%, n=5, compared to 6%, n=2, on the DES survey). This may reflect the professional nature of the programmes being studied. In contrast, a much smaller proportion of respondents in the placement survey indicated that they were unaware of the potential benefits of disclosure compared to my DES research (12%, n=3, compared to 42%, n=14, on the DES survey), which suggests perhaps that students are now more aware of the support available to disabled students.

For those respondents who had disclosed their disability to the University, they were asked for details of when they did this (see Table 11).

Table 11 - Timing of Disclosure to the University (N,%)

Timing of Disclosure to the University	N	%
When applying to study at the University	23	57.5
Prior to placement practice	3	7.5
Not sure when I disclosed my disability	1	2.5
Other (please specify)	13	32.5

The majority (58%) indicated that they disclosed their disability on application to the University although a significant minority (32%) provided 'Other' timings for disclosure; these were, following a formal diagnosis or development of a disability post-admission (9 students), and disclosing their disability after they had started their course (4). Given that for some students there may have been a significant gap between their disclosure and participation in the research, there is also the possibility that their recall of when they disclosed their disability may have been affected.

6.1.4 Statistical Comparisons – Disabled and Non-Disabled Students

Chi square analyses were undertaken to compare disabled students and non-disabled students' responses across all quantitative survey questions, in line with the research questions. These analyses revealed no significant differences in relation to Gender, Age and Level of Study. There were also no differences in students' responses to the number of placements they had completed, whether they rated their experience on some placements higher than others, whether they felt sufficiently prepared for their placements or in their overall rating for the support they received (see Table 12).

Table 12 - Chi Square Analysis: Disabled v Non-Disabled Students – Not Significant (χ^2 , p, df)

Survey Question	χ^2	p	df
Gender	1.010	0.315	1
Age	0.041	0.839	1
Level of Study	1.393	0.238	1
How many placements have you completed on your course so far?	2.959	0.228	2
If you have completed more than one placement, would you rate your experience on some placements higher than that on others?	0.866	0.648	2
Did you feel sufficiently prepared to undertake your practice placements?	0.894	0.344	1
How would you rate the support you received?	4.029	0.402	4

Significant differences did emerge between disabled and non-disabled students in relation to their academic discipline, their overall rating for their placement experience and whether or not they had experienced any difficulties on placement (see Table 13). However, with the exception of the Chi square analysis for the difficulties students experienced on placement, the significance

of the other results needs to be treated with some caution given that the expected frequencies in some of the cells was less than 5. It has been suggested that the expected frequencies in Chi square analysis can be as small as 0.5 without endangering the validity of the test so long as most are greater than 1.0 (Conover, 1999). All of the significant Chi square analyses met these criteria; full details are provided in Appendix 15, including the expected frequencies for each cell and the effect sizes.

Table 13 - Chi Square Analysis: Disabled v Non-Disabled Students – Significant (χ^2 , p, df)

Survey Question	χ^2	p	df
Academic Discipline ⁶⁰	21.008	0.001; <0.01	5
Overall, how would you rate your experience on placement? ⁶¹	8.566	0.014; <0.05	2
Have you experienced any difficulty with your practice placements? ⁶²	6.088	0.014; <0.05	1

In relation to the students' academic discipline, with the exception of community education where 50% of the respondents were disabled, albeit the number of respondents was very small (6), significantly more non-disabled students than disabled students typically responded from each discipline. Indeed, for dentistry, only non-disabled students responded to the survey. This is to be expected given the distribution of disabled and non-disabled students in the underlying student population, particularly the smaller proportion of disabled dentistry students compared to the other disciplines (see Appendix 12). However, a substantial number of students also did not to respond to the question about whether they had a disability or not (95 students, 27%; see Table 6).

⁶⁰ 4 cells (33.3%) had expected frequencies less than 5. The minimum expected frequency was 0.64. Effect size, Cramer's V = 0.285.

⁶¹ 1 cell (16.7%) had expected frequency less than 5. The minimum expected frequency was 3.61. Effect size, Cramer's V = 0.182.

⁶² 0 cells (0%) had expected frequencies less than 5. The minimum expected frequency was 20.17. Effect size, Cramer's V = 0.153.

Chi square analysis also showed that disabled students' overall rating for their placement experience was lower than for non-disabled students. Similarly, disabled students experienced more difficulties than non-disabled students. This may explain why their overall rating for their placement experience was lower. The potential reasons for these results are explored in more detail in sections 6.2.1 and 6.2.2 respectively by analysis of the students' qualitative responses where these were provided by respondents in each group.

6.1.5 Statistical Comparisons – 'Social' and 'Medical' Disciplines

Respondents were grouped into whether or not their discipline might be more likely to take a 'social' or a 'medical' approach to disability (e.g. Duggan, Bradshaw & Altman, 2010; Howell et al, 2005; Morgan, 2012), reflecting the different models of disability discussed in Chapter Two. The 'social' group consisted of students in the disciplines of education, social work and community education, and the 'medical' group consisted of students in the disciplines of medicine, dentistry and nursing.

Chi square analyses were undertaken to compare the responses of students in the social and medical groups across all of the survey questions. This revealed that students in the medical group had completed more placements than students in the social group, but did not feel as sufficiently prepared for their placement experience as those in the social group (see Table 14). No other comparisons were statistically significant.

Table 14 - Chi Square Analysis: Social v Medical Disciplines (χ^2 , p, df)

Survey Question	χ^2	p	df
How many placements have you completed on your course so far? ⁶³	32.603	0.000; <0.001	2
Overall, how would you rate your experience on placement?	6.267	0.099	3
If you have completed more than one placement, would you rate your experience on some placements higher than that on others?	5.227	0.073	2
Did you feel sufficiently prepared to undertake your practice placements? ⁶⁴	5.849	0.016; p<0.05	1
Have you experienced any difficulty with your practice placements?	0.592	0.441	1
How would you rate the support you received?	8.783	0.067	4

Further statistical analysis to explore which students in the medical group felt less well prepared revealed that nursing students felt less well prepared for placement than students in other disciplines. Due to the number of cells with expected frequencies less than 1.0 (33.3%) and a minimum expected frequency of less than 0.5 (0.39) in the original Chi square analysis, the disciplines of education and community education were combined and the analysis repeated to increase the validity of the test (Elliott & Woodward, 2007). This analysis confirmed the original result that nursing students felt less well prepared for placement than students in other disciplines (Chi square analysis: $\chi^2 = 12.189$, p = 0.016 <0.05, df = 4)⁶⁵. This result is explored further in Section 6.2.3 by thematic analysis of students' qualitative responses, where provided.

Interestingly, a comparison of students' responses to the provision of support on placement revealed that students in almost all of the disciplines indicated that

⁶³ 0 cells (0%) had expected frequencies less than 5. The minimum expected frequency was 6.12. Effect size, Cramer's V = 0.343.

⁶⁴ 0 cells (0%) had expected frequencies less than 5. The minimum expected frequency was 15.71. Effect size, Cramer's V = 0.146.

⁶⁵ 2 cells (20.0%) had expected frequency less than 5. The minimum expected frequency was 2.36. Effect size, Cramer's V = 0.211.

they had received support in similar proportions from their placement supervisor, the University and their peers. Community education students were the only exception to this, which was likely due to the small number of respondents (5). However, given that none of these students felt they had received support from their placement supervisor, this potentially raises some concerns and would be worthy of further investigation by the University.

In line with the research questions, Chi square analyses were also undertaken to compare the responses of disabled students in the social and medical groups across all variables, including in relation to their disclosure decisions and the provision of adjustments in the placement setting. However, none of these comparisons revealed any significant differences (see Table 15).

Table 15 - Chi Square Analysis: Social v Medical Disciplines – Disabled Students (χ^2 , p, df)

Survey Question	χ^2	p	df
Have you disclosed your disability to the University?	0.783	0.376	1
When did you disclose your disability?	1.966	0.579	3
Were you given the opportunity to disclose a disability prior to placement practice?	1.142	0.285	1
Did you disclose your disability to your placement provider?	1.111	0.292	1
Were adjustments identified to support your disability-related needs on placement?	3.166	0.205	2

Further statistical analysis to explore whether there were any differences between disabled students in different academic disciplines, revealed a significant difference in disabled students' decisions to disclose their disability to their placement provider; specifically, students in nursing and education were less likely to disclose than students in the other disciplines. Indeed, of the disabled students who responded to this question, 42% of nursing students and 40% of education students indicated that they had disclosed their disability to their placement provider, compared to 78% of medical students and 91% of

social work students. Again, due to the number of cells with expected frequencies less than 1.0 in the original Chi square analysis (50.0%), the disciplines of education and community education were combined and the analysis repeated to increase the validity of the test (Chi square analysis: $\chi^2 = 10.160$, $p = 0.017 < 0.05$, $df = 3$)⁶⁶. This result is explored further in Section 6.2.4 by thematic analysis of students' qualitative responses, where provided.

In order to explore the survey results in more detail, I undertook a thematic analysis of the students' responses to the qualitative survey questions. In particular, for those questions which revealed significant differences between disabled and non-disabled students, and between students in different academic disciplines, I compared the themes identified from their responses where further clarification was provided by the students. The outcome of this analysis is discussed in section 6.2.

⁶⁶ 2 cells (25.0%) had expected count less than 5. The minimum expected count was 3.90. Effect size, Cramer's V = 0.412.

6.2 Online Survey – Qualitative Results

The statistical analyses presented in Section 6.1 revealed several significant differences between the survey responses of disabled and non-disabled students, and between students in different academic disciplines. Specifically, significant differences emerged in students' responses to the following questions:

1. Overall, how would you rate your experience on placement? Please add any comments to explain your rating.
2. Have you experienced any difficulty with your practice placements? Please add any comments to explain your response.
3. Did you feel sufficiently prepared to undertake your practice placements? Please add any comments to explain your response.
4. Did you disclose your disability to your placement provider? What were your reasons for this?

In order to explore possible reasons for these differences, I used a thematic analysis approach (Braun & Clarke, 2006) to review students' comments where these had been provided to clarify their response to the above questions.

6.2.1 Overall, how would you rate your experience on placement?

Statistical analysis of students' responses to this question revealed that disabled students rated their overall placement experience lower on a five-point scale than non-disabled students. Several themes were identified from analysis of disabled students' qualitative responses to this question which appear to have affected their overall placement rating. In particular, it was clear for some students that their disability had impacted on their placement experience in multiple ways; including in relation to, the additional stress and physical challenge of placements, the lack of support from placement staff for the student's disability-related difficulties, and the impact of travelling to the placement. This was apparent for disabled students in all disciplines.

“Whilst I have very much enjoyed working with the children on my placements, I cannot deny that the placement experience is rather stressful. Lesson planning, engaging with policies, research, school and community information etc., have been challenging. I must admit that, at times, I have been concerned that the lack of sleep and volume of time I have spent in front of a computer screen may aggravate my condition” (disabled teaching student).

“The opportunities for learning are extensive but physically it has been a struggle” (disabled social work student).

Other disabled students indicated that their relationships with placement staff impacted on their placement experience.

“There have been better placements than others regarding the staff in the placement and how they have treated me as a student. I felt some staff members didn’t trust me as much as others did” (disabled teaching student).

“My past mentor was my mentor for two placements which I felt was totally unfair. She spent very little time with me, even when I disclosed I had a disability and needed more one to one so I did not gain as much nursing practise as I would have liked to” (disabled nursing student).

In addition, for some disabled students it was clear that difficulties with travelling to their placements adversely affected their experience.

“For the first placement I had to commute for about an hour, this due to tiredness made my dyslexia worse. My second placement was a lot more local, and I found I was still able to study once I got home” (disabled social work student).

“My travel is a nightmare I am spending 4 hours a day getting the train then a bus and this is affecting me emotionally and adding a burden to my already low money situation” (disabled social work student).

These comments may explain, to some extent, the significant difference in the overall placement rating between disabled and non-disabled students. Similar comments were made by some non-disabled students suggesting that issues relating to travelling to placement and students’ relationships with placement staff impacted on students’ placement experience generally. However, from thematic analysis, such issues appeared to have had an added impact on disabled students, particularly the interaction with the nature of their impairment.

6.2.2 Have you experienced any difficulty with your practice placements?

Statistical analysis of students’ responses to this question revealed that a greater proportion of disabled students experienced difficulties on placement than non-disabled students (54% of disabled students compared to 33% of non-disabled students). Perhaps not surprisingly, disabled students’ comments in relation to the difficulties they had experienced reflected the themes that emerged from analysis of their comments on their overall placement rating; that is, their difficulties related to the impact of their disability, their relationships with placement staff and travelling to placements.

“I experienced difficulty and came up against barriers regarding my disability. My link worker did not appreciate the difficulties I would have” (disabled social work student)

“On my first placement I was unfortunate in being placed with a member of staff who was not overly enthusiastic about receiving a student. This posed some difficulty on placement” (disabled teaching student).

“My disability has sometimes affected me on placements, mainly with manual handling and I have sometimes had to take days off due to pain. Being treated like I’m unable to complete a task without asking my opinion on the matter is rather annoying as I’m able to do everything the majority of the time if I’m not in pain” (disabled nursing student)

“Difficulty with tutors. Feeling isolated. Difficulty getting to and from placement” (disabled medical student).

For some students it was clear that the difficulties they had experienced on placement were unfortunately not resolved, while others indicated that they resolved any issues themselves. There was also evidence, however, of support from the University and placement staff to resolve any difficulties.

“I have talked to the staff members that felt I was unable to complete certain tasks and explained to them that, if I feel that I’m unable to do something I will let them know, as I refuse to put myself or patients at risk” (disabled nursing student).

“They (difficulties) weren’t (resolved). I ultimately failed a placement due to bad communication from my mentor” (disabled teaching student).

“I met with my personal tutor and the practice learning coordinator. They were really supportive and reassured me that I wasn’t going to get chucked off the course. They asked me to seriously consider any reasonable adjustments that could be made to support me. We agreed that having some protected time during the week would be a good idea, whereby I could go to the library and get on with my written work without distraction. I successfully completed my placement and ended up getting an A for all my written work” (disabled social work student)

“I did inform the university about the situation and they were incredibly supportive. They contacted the schools and ensured that I was safe and supported within the school. I cannot fault the university staff and feel very

lucky to be learning in an institution that clearly demonstrates that they want the best for their students. Furthermore, the school staff have been very understanding, reassuring and supportive” (disabled teaching student).

6.2.3 Did you feel sufficiently prepared to undertake your practice placements?

Statistical analysis of students’ responses to this question indicated that nursing students typically felt less well prepared for their placements than students in other disciplines. Analysis of their comments, where provided, suggested that this appeared to be primarily related to the need for further clarification of the expectation of student nurses on placement. There did not appear to be any differences between disabled and non-disabled nursing students in this respect.

“I feel we were sent out on our first block of placements without a clear understanding of what was expected of us while we were out on placement” (disabled nursing student)

“I don’t feel that we had enough explained to us before we went on placement for such things as what to do within a ward when there is an emergency or how to correctly fill out our OAR booklets and the different work we were meant to be doing whilst on placement” (non-disabled nursing student).

Thematic analysis of the responses of students in other disciplines to this question revealed that, although similar issues were raised by some students, many of the students who provided further clarification felt that they had been sufficiently prepared for placement.

“The tutors on the course are second to none and provide valuable information/ experience in order that the students are prepared for placement” (non-disabled teaching student).

“We had clinical skills training, chance to shadow consultants, lots of ward based teaching, course at (university name) is excellent in this respect” (disabled medical student).

In addition, some students provided suggestions for how their preparation for placement could be improved.

“I would have liked the opportunity to speak to other postgraduate students who had already experienced the processes” (non-disabled social work student).

“I do feel a little nervous about teaching specific subject knowledge so I feel it would be more useful to have more Uni input on specific subject knowledge/skills that should be developed in children as the current curriculum is quite vague in places” (non-disabled teaching student)

“Lots of clinical skills practice but just simple things like where to go and what to do would have been helpful either from School or placement staff. Had to show own initiative but sometimes felt awkward” (disabled medical student).

6.2.4 Did you disclose your disability to your placement provider?

Statistical analysis revealed that disabled students studying nursing or education were less likely to disclose their disability to their placement provider than disabled students in other disciplines. For those students who provided clarification of their reasons for this, there was evidence to suggest that they were concerned about the reaction of placement staff should they disclose.

"I only disclose my disability when I feel it is necessary or relevant. I often feel it could make my teachers feel uncertain about my ability to teach" (disabled teaching student).

"Embarrassment and fear of being treated different" (disabled nursing student).

"A friend with the same disability was treated differently when they disclosed theirs" (disabled nursing student).

However, some disabled nursing and teaching students also indicated that they did not feel disclosure was needed or relevant for them in the placement context.

"It was not relevant as my (impairment) is controlled and I have learnt how to do tasks with my other hand when I suffer problems" (disabled teaching student).

"I feel I manage my situation well and therefore consider it irrelevant" (disabled nursing student).

In addition, similar disclosure concerns were apparent from the responses of students in other disciplines.

"I have had bad reactions from doctors in the past who sometimes, once I tell them my disability, struggle to get past it and treat me like a normal person. I would only disclose with someone I trusted if I was having specific problems" (disabled medical student).

"I have to some, but generally only towards the end. Not really because I am worried I'll be discriminated against, although it is something I worry about, but because I want to try and do it on my own first" (disabled medical student).

“I was worried that they would think I was unable to carry out practice”
(disabled community education student).

It therefore appears from analysis of these students’ comments that disclosure concerns are not necessarily discipline specific and it is also possible that the significant difference that emerged in response to this question was a consequence of some students feeling that disclosure was not necessary in the placement context. However, not all students provided further clarification of their reasons for non-disclosure so this needs to be taken into account when considering the implications of the outcome of this analysis.

6.2.5 Non-Disclosure to University and Placement

Seven disabled students disclosed a disability on the survey but indicated that they had not formally disclosed a disability to the University or to their placement provider. A comparison of the qualitative responses of these seven students with those who had disclosed a disability to the University and/or their placement provider revealed that both groups raised similar issues in relation to experiencing difficulties with placement staff and with accessing support.

“My first placement mentor was really good; however the second one did not like students and was very unsupportive” (disabled teaching student).

“Staff could provide more support and extra help/guidance with course work as it is often difficult to complete whilst on placement” (disabled nursing student).

However, six out of the seven students who had not disclosed their disability to the University or placement provider indicated that they did not think it was relevant to their studies, suggesting that the difficulties they had with accessing support were not disability-related. In addition, these students did not feel they

needed any adjustments on placement or could manage their disability without disclosure.

“I do not regard my condition as a ‘disability’ however it fits the criteria and definition given. It has had no impact or affected my placement experience” (disabled nursing student).

“(medical condition) is controlled most of the time. If it is not great I am put on medication for it. I would always inform the school if my (medical condition) was bad that day. I always carry my (medication) on me in case of emergency” (disabled teaching student).

“I did have times where I could factor in a rest for me which is important and I could do this without discussing it with anyone and making a fuss” (disabled medical student).

These responses, together with those in section 6.2.4, suggest that some students prefer to take responsibility for managing the impact of their disability-related difficulties rather than disclose these to placement staff.

6.2.6 Other Themes Identified from the Survey Qualitative Data

Thematic analysis of students’ responses to those questions where no significant differences were found between students in different groups, revealed similar issues that appeared to impact on their respective placement experience. Specifically, these related to students’ relationships with placement staff and, in particular, whether the placement staff appeared interested and sufficiently prepared to support students on placement. These issues were raised by disabled and non-disabled students alike and by students across all disciplines. Given that such issues were also evident in questions that revealed significant differences between disabled and non-disabled students, this suggests they are central to students’ placement experience generally.

“The willingness of staff to help you progress in your teaching as a student teacher is so important - some teachers I feel lose sight of this when they are a mentor, and tend to assess you by how well they think you are doing compared to the way they would do it” (non-disabled teaching student)

“Experience varied depending on the organisational culture on the placement, the team spirit, and personalities of staff on the ward. Each placement varied depending on the attitude and values of the senior charge nurse on the ward and the message sent by them to other staff members” (non-disabled nursing student).

“I feel that support from the team that you are working with is paramount in making the success of your placement. I feel knowing that your team are there and have time to offer you support where feasible is essential” (disabled community education student).

Many of students across different disciplines also provided positive comments on what they had gained from their placement experience. These primarily related to enhancement of practical skills, increased confidence and self-awareness and, in most cases, reaffirmation of their choice of profession.

“I think I have gained personal confidence and for the first time thought I can do this, my disability does not mean I cannot do this job, regardless of what people have said in the past” (disabled medical student).

“I hadn’t considered the impact my disability might have on me during placements in detail before, but on reflection I think I have gained self-awareness. I now have a much better understanding of my personal limitations due to my disability and how this impacts on my life as a student of a vocational degree” (disabled medical student)

“A lot of hands on experience and practical experience to develop our skills. Would not feel confident about starting work in August if we had not had such fantastic experience on the outreach clinics” (non-disabled dental student).

“Much more confidence, great ideas, a real insight into being a primary teacher and a real excitement for having my own class!” (non-disabled teaching student)

Several students also noted that additional time on each placement would have been beneficial, reflecting particularly on the time needed to develop relationships with placement staff and with the patients, clients or pupils they were supporting.

“More regular placement links so you can see the same patient repeatedly” (non-disabled dental student)

“Placements being longer than six weeks as it takes a while to get to know the placement and feel you are having to get to know the patients and often losing out on attending ward activities as only there for a short period” (non-disabled nursing student)

“More experience in school for longer periods of time to resolve issues which arise because teachers have a class for a year and can resolve issues” (non-disabled teaching student).

6.2.7 Summary of Online Survey Results

Statistical analysis revealed significant differences between the survey responses of disabled and non-disabled students, and between students in different academic disciplines on several of the survey questions. In particular:

- Disabled students' overall rating for their placement experience was lower than that of non-disabled students;
- Disabled students indicated that they experienced difficulties on placement more often than non-disabled students;
- The 'medical' group of students did not feel as sufficiently prepared for placement as those in the 'social' group. Further analysis revealed that this was particularly the case for nursing students; and
- Disabled students in nursing and education were less likely to disclose their disability on placement than disabled students in other disciplines.

Thematic analysis of students' comments, where these had been provided to clarify their response, revealed several themes that appeared to have an impact on students' placement experience across all disciplines. These related particularly to their relationships with placement staff and the extent to which they felt supported on placement. In addition, the logistics of researching and travelling to placements and managing course workloads was evident in many responses. For disabled students, such issues appeared to be exacerbated by the nature of their disability and, in some cases, the impact of any medication they needed to take. In addition, for disabled students the decision whether or not to disclose their disability to their placement provider introduced additional pressures and there was some evidence to suggest that they were concerned about the reaction of placement staff should they disclose. There was also evidence that students were not routinely provided with the opportunity to disclose a disability prior to placement.

Difficulties on placement were resolved in some cases by students taking a proactive approach and, in others, through the action of university or placement staff. However, accessing advice from placement staff appeared to be difficult in some cases and there was evidence to suggest that some placement staff did not appear to fully understand their role in this respect. This was particularly evident for nursing students, although the larger number of respondents in this group may have contributed to the predominance of this issue.

In contrast, many students provided positive feedback on their placement experience, and praised the quality of the support from both university and placement staff. Suggestions for improvement included ensuring that placement staff were sufficiently prepared to support students and given allocated time to do so, and were also clear about the expectations of students on placement. Training or additional information for placement staff was suggested by many students, particularly to raise awareness of their mentor role and responsibilities for supporting students. Advance notice of placement locations and additional support with travel arrangements were clearly important to some students, as was ensuring as far as possible that students' placement experience was matched to their development needs; for example, for social work students, experience in the statutory sector was deemed important by several students. Longer placements were also considered beneficial by many students reflecting how strongly they value this experience as preparation for their future careers.

6.3 Semi-Structured Interviews Results

At the online survey end date, 31st January 2013, 57 of the students who had completed the survey had also indicated interest in being interviewed. I contacted all of these students as soon as they completed the survey to confirm whether they remained interested and, if they were, to arrange a suitable time to meet; this proved challenging in some cases due to students' full-time commitment when attending practice placements. Eighteen of the 57 students who indicated interest were subsequently interviewed. The others either did not respond or advised they no longer wished to participate in the research. An additional 3 students came forward for interview who had not completed the online survey, bringing the total number of interviewed students to 21. The first interview was held in March 2012 and the last in February 2013, spanning a total time period of 11 months.

6.3.1 Interviewee Demographic Details

Table 16 shows the number of disabled and non-disabled students who were interviewed from each academic discipline. No student came forward for interview who was studying community education.

Table 16 - Interview Respondents by Discipline and Disability (N)

Academic Discipline	Disabled	Non-Disabled
Medicine	4	0
Dentistry	0	1
Nursing	3	4
Education	3	2
Social Work	4	0
Community Education	0	0
Total	14	7

Of the 21 students who participated in an interview, 4 (19%) were male and 17 (81%) were female. In addition, 4 students said they were undertaking a postgraduate degree while the rest were undergraduates. The 14 students who disclosed a disability included 7 with dyslexia, 2 with mental health difficulties, 2 with a sensory impairment and 3 with medical conditions. All of these impairments were 'unseen' in that it was not evident that the student had a disability unless they disclosed this. Eight of the students who were interviewed were in the first year of their studies (including the 4 postgraduates), 2 were in second year, 6 were in third year and the rest were in their fourth year; one student had just completed fourth year when interviewed.

The number of placements the students said they had completed at the time of the interview varied from one (3 students), to two (5 students), to three (1 student) to more than three placements (12 students). Hence, the vast majority of the students who were interviewed (86%) had completed more than one placement. The interviews lasted between 30 minutes to an hour; the longer sessions were accounted for by the additional questions that were asked of disabled interviewees (see Appendix 10).

6.3.2 Themes Identified from the Interviews

As indicated in the Methodology chapter, common themes were identified by analysis of the students' responses to the interview questions. The responses of disabled and non-disabled students and students in different academic disciplines were also compared, in line with the research questions. Any differences or similarities between these groups' responses are described and illustrated below using quotes taken direct from the students' interview transcripts, excluding any details that may identify individuals, to exemplify each theme.

Theme 1 – Course Concerns and Aspirations

Most of the students who were interviewed indicated that they had some concerns prior to starting their course, primarily related to the academic requirements of the course and their ability to cope with these. This was particularly apparent for students who had disclosed dyslexia but also for students with no disclosed disability. Overall, there did not appear to be any differences between students studying different academic disciplines in this respect.

“My theory is not as good just for the academic side, just partly with having dyslexia it just doesn’t help as much. But it’s a struggle, it’s always like borderline on exams” (Janet, disabled nursing student).

“I lack a lot of confidence due to a previous job. It takes me a long time to speak to people and I know in the teaching profession you just can’t do that, you have to just go with it, you know...also because of the expectations of how to write more of an academic essay” (Alison, non-disabled teaching student).

Most of the disabled students noted that they had experienced additional concerns prior to starting their course that related directly to their disability. Some of these concerns were raised by family or friends but, for others, it was clear that students felt they had been discouraged from applying for the course, either by professionals in their chosen field or by university staff, for reasons relating to their disability.

“I think it was more concerns from other people, whether I’d cope and that...I was slightly concerned but I really wanted to do it” (Michael, disabled nursing student).

“I had been told by my consultant when I was diagnosed that I shouldn’t do it (the course) because it would be too stressful and he thought I wouldn’t be able to manage. So that was quite difficult when he told me

that, but some time passed and I decided that no, I wanted to do it and I thought I could manage” (Karen, disabled medical student).

“I had a meeting and I nearly went home in tears. They were basically saying they didn’t know if I would be able to cope with the course and placement and really making a big issue of my (impairment)...so I did go home with the wind knocked out of my sails” (Susan, disabled teaching student).

Other disabled students acknowledged their own concerns regarding the potential impact of their disability on their ability to undertake the course requirements.

“I did have concerns, mostly about standing up and speaking in front of people or reading things in front of people as that’s one of the things that makes me most nervous. I did worry about it a lot before I came but everyone has been very supportive” (Pamela, disabled teaching student).

Of all the students who were interviewed, only three said they had no concerns prior to starting their course and two of these were disabled students. In addition, the majority of the students who were interviewed (57%) said that they had chosen their course as they had always wanted to pursue a career in that profession, and the rest (43%) felt they had the relevant skills and experience to do so.

“I think it was when I was in primary 6 I had a teacher who made me want to teach...she was like Miss Honey from Matilda. I just thought, I want to be you, I want your job” (non-disabled teaching student).

“Being back out in the clinical setting, you’re kind of reminded as to why, personally why I initially wanted to do it (medicine) and it was really to do with you see some people in really, really bad situations, very adverse conditions, and yet their attitude is inspirational...and that appeals hugely

to me and is a great driving force for life generally” (disabled medical student).

“All the qualities of nursing...I feel I’m kind and caring and supportive of people and things like that...I had a wee look into it more and then I was like, yeah, that does seem like for me and I went on a few work experiences...just to know what I was getting myself into really you know, instead of coming in blind and going oh no, I don’t think this is for me” (disabled nursing student).

All of the students who were interviewed said they had every intention of pursuing a career in their chosen profession beyond graduation and, for some, they already had a specific route in mind. For some disabled students, however, their decision regarding their career path appeared to be affected to an extent by the nature of their impairment.

“I know I don’t want to be a surgeon. A part of that is I don’t enjoy it in any way and I also know, as far as my disability is concerned, it would be a very difficult career to have in terms of on calls and the stresses of that...but I really enjoy like medicine and GP and psychiatry and I think all of them would give me what I enjoy but also allow me to manage...and sort of are flexible enough that I would be able to do my job without any adverse sort of stresses” (disabled medical student).

“Definitely want to be a social worker but I still find the academic side really challenging...so something with less writing would be good” (disabled social work student).

Theme 2 – Placement Preparation and Support

Overall, there were no apparent differences between students in different disciplines in their perceptions of the preparation provided by their academic department before they went out on placement. This contrasts with the outcome from the online survey results that revealed that nursing students felt less well

prepared for placement than students in other disciplines (see Table 14). Some students said that they had been given sufficient preparation for placements whereas others felt that they, and the placement staff, would have benefitted from more information. In particular, some students indicated that they felt they had to keep explaining to placement staff that they were still inexperienced, suggesting perhaps that placement staff were not always aware of the different stages students were at in their training.

“I feel there’s quite a big build up to the placement but in terms of actual input into what we’re going to do we got a one hour lecture...I think the idea is that you’re learning whilst you’re on placement as well but I felt myself continually saying, oh I haven’t done that yet, I’m very green” (Debbie, non-disabled nursing student).

“You get all of the kind of what to do on a ward and that sort of part of our clinical teaching but when you first go onto a ward it’s very kind of where do I stand, what do I do. I still feel like that feeling doesn’t really go away, you feel very in the way as a medical student” (Paul, disabled medical student).

“We were prepared but I think we could have been better prepared...it felt like we were thrown in at the deep end and then it kinda depended on what your teacher was like to help you through it” (Alison, non-disabled teaching student).

In addition, it was evident from most of the disabled students’ responses that it would have been helpful for them to know more about the placement in advance, particularly to identify any adjustments and to ensure the placement would be suitable for their disability-related needs. In this respect, the opportunity to visit the placement prior to starting was suggested by some students.

“Sometimes we don’t get our timetable very far in advance...I would have probably liked to have known a bit sooner cos last year there was no night

shifts on paediatrics and I wasn't anticipating that and I maybe would have chosen to go somewhere else...that would have made me feel a bit less anxious" (Karen, disabled medical student).

"I certainly think prior to going out having a meeting with school representative and representative from that placement area to come up with adjustments...it would be helpful for someone with a disability of any kind on a course that involves placements saying yeah that placement is possible for me or it's not" (Michael, disabled nursing student).

"Really and truly your first meeting with the school is the day you arrive to start the placement but I was a little bit concerned with that, actually I was quite terrified at the idea of turning up on day one of my placement...but the school said I could come in for a meeting the week before and the university had done the groundwork which was really good" (Susan, disabled teaching student).

Some students, including a few disabled students, indicated that they did not need any support but were aware it was available to them. Others noted that they needed support at different times and received this from different people, including from placement and university staff and more experienced students who were also on the same placement.

"When on placement you would assume you would go to your mentor for support but that really didn't work that way as your mentor is so busy...at the times when I was unsure, I looked to the older students, particularly the 3rd year students...if you were a wee bit unsure about anything, they had been there before, they were taking you under their wing...don't worry about that sort of thing, which is just what you need to hear" (Debbie, non-disabled nursing student).

"I think we've all been well supported....the tutor's very good and my practice educator's the same you know, there's always somebody to hand that you can speak to kind of thing it's not like they just send you out on

placement and kind of abandon you, you know the university's still here if you need the university and they've made that quite clear throughout placement" (Lesley, disabled social work student).

It was evident from the disabled students' responses that additional support was needed in some cases to meet their disability-related needs on placement, over and above that provided to all students. Indeed, most of the disabled students reported a range of support in place for their university studies, both on campus and on placement, including adjustments put in place by the University and their own strategies for compensating for their disability-related difficulties.

"Even if I think that is the right spelling I begin to worry more and think is it actually, then I have to go and check it. So I would always research everything before and read through everything and make sure that I understand each aspect" (Pamela, disabled teaching student).

"I do do some writing but it's always checked by the link worker and everybody else...my practice educator's quite good at making make sure she checks over my stuff but I have a lot of strategies from my last degree that I've now put into place" (Lesley, disabled social work student).

"I remember the first time I did a patient history I thought oh my gosh I can't do this as I'd normally would so what I started doing was, I tried to make it a bit more structured...I think a lot of that is just the more and more practice that you get, the easier it is" (Paul, disabled medical student).

Some of the students who were interviewed were also aware of other disabled students on their course who were receiving support on placement or had strategies in place to meet their disability-related needs.

"Another student with dyslexia, she was on a placement with me, she was quite open about it and the nurses were aware...she was really very worried about writing notes and stuff but the other nurses were very

supportive and that and they would check over her notes” (Jennie, non-disabled nursing student).

“One girl she’s got a strategy to deal with things she just uses it in the classroom like, let’s see if Miss so and so is correct and she uses it like a game so the kids can correct her spelling” (Susan, disabled teaching student).

A few of the disabled students also recognised that they needed to be more proactive in seeking support in the same way that they would advise those they were supporting in their practitioner role to do this.

“I think before, I would have said one thing to a service user you know about them speaking up for their rights and I would have a different rule for myself and now I’m able to see myself more as a resource and sort of guard against spending that up, you know” (Liz, disabled social work student).

“I think also the main reason I’ve kinda accepted my dyslexia was my practice educator said to me how are you meant to go out and support people and tell them you know, if you’ve got a problem go here...she’s like, that’s exactly what your university are saying and you’re the service user sitting there and not doing anything...I was kinda like I am so contradicting myself I’m telling these people to go and seek help and I won’t” (Lorraine, disabled social work student).

Theme 3 – Placement Challenges and Gains

Some of the students who were interviewed indicated that they had experienced feelings of anxiety on placement, including in relation to the volume of work they had to undertake and lacking the confidence to deal with the reality of practice. Again such feelings were reported by disabled and non-disabled students alike, and students in different disciplines.

“It was quite stressful, that’s the main thing. You’re seeing a lot more patients and the time pressure’s a lot bigger. You don’t really have a huge amount of settling in time” (Val, non-disabled dentistry student).

“I had this meeting and I remember being sat round and it’s new people I didn’t know, and I was a little bit anxious I’d be asked questions and I didn’t know the answers and I didn’t want to seem silly” (Charles, disabled medical student).

“I was quite nervous because you still don’t know whether you’re going to fit with the teams...and as much as you know what’s expected of you, you don’t know what they’re expecting” (Lesley, disabled social work student).

“It was quite a lot of work and I wasn’t prepared for how tiring it would be” (Debbie, non-disabled nursing student).

Both disabled and non-disabled students indicated experiencing difficulties due to the distance they had to travel to get to their placement but, for some disabled students, this also impacted on their disability-related difficulties.

“I was placed in (place name), yeah it was quite far away. I think you are a bit embarrassed to go back to the Uni and say actually I’m not very happy with where you’ve placed me cos you don’t want to be that student, you know, your name’s marked” (Fiona, non-disabled, teaching student).

“My first placement I was relying on public transport which adds you know a good chunk on your commute...and I found that because of adding that extra bit of time on and how tired that was then making me as well as the whole placement, I wasn’t able to read in the evenings etc. and my dyslexia was noticeably worse to me” (Moir, disabled social work student).

“I was on medication that kinda had a drowsy effect so if you’re finishing late and starting early because of all the travelling...anyone that takes that

medication will tell you even seven hours later it will still have an effect...so I was late numerous times because of this issue and I was then penalised” (Michael, disabled nursing student).

Some students felt that there appeared to be inconsistencies in what they were expected to do on placement, both from the perspective of the University and the placement provider, and they said they would welcome further clarification on this. Others, however, also recognised their role in shaping the placement experience.

“My schools have always been pretty perfect but I would say like my tutor visit and the inconsistencies with the expectations from placement could be improved” (Alison, non-disabled teaching student).

“I am a student nurse and I do believe in making the most out of the placement. If the learning opportunities are not there then you need to go and try and learn something” (Jennie, non-disabled nursing student).

On a positive note, most of the students said that placements provided an opportunity for them to experience the realities of their future professional role and helped to reinforce the connection between theory and practice. There were no apparent differences in this respect between disabled and non-disabled students, or students in different disciplines.

“It was good to get a sense of the social work role. I think that is something that remains quite mysterious no matter how much theory you read and...really yes, just getting a sense of being a social worker” (Liz, disabled social work student).

“It was really, really good. A lot going on. A very busy ward...completely opened your eyes for the amount of procedures that would be done on that ward” (Helen, non-disabled nursing student).

“I think in terms of like knowledge, I think I learnt a lot because you could see the patient you know like, I hate reading and all that and I think, I could relate what I learnt and learn more and I’m quite good at visual orientation and visual memory so once I saw a patient I would then remember in the exam oh well, that patient had this, that and the other so I remember that it’s the signs of this disease and that kind of thing” (Linda, disabled medical student).

Theme 4 – Relationships on Placement

It was clear from many of the students’ responses that positive relationships with placement staff were key to the success of the placement. Some students indicated that they had good relationships with everyone they encountered on placement while others felt that the attitude of placement staff towards student trainees varied, which impacted significantly on their placement experience. There were no apparent differences in this respect between students in different disciplines.

“I’ve worked with people before and have, you know, the communication skills and the listening skills so I’ve just used what I’ve used in the past...the first few weeks I was quite nervous but quite a lot of people are willing to help you” (Lesley, disabled social work student).

“There’s a massive difference in the supervisors. Some are very, very strict and want to see everything at every step and aren’t very kind of positive with regards to how you’re doing and they grade quite harshly...there’s a big difference in the freedom you get with different clinicians” (Val, non-disabled dental student).

“The main thing that has an impact on an enjoyment of a placement, apart from whether you’re interested in that field, is what the team and the members of staff are like. Sometimes it can ruin a block if you just have someone who is just unnecessarily unpleasant and doesn’t want to give

you the time of day...it discourages students from learning" (Paul, disabled medical student).

In addition, some students noted that placement mentors did not always appear to be aware of their role and responsibilities to support students on placement.

"Sometimes mentors don't always seem prepared for students and don't always want to have a student and I think that part of being a nurse is to be prepared to educate students...and I think some nurses don't think that's their job. Somebody with a less positive attitude to myself could so easily be put off by how you're treated by a mentor" (Jennie, non-disabled nursing student).

"The input from mentors varies in each placement and there doesn't seem to be, I suppose some mentors are more into it than others...some don't know what they're expected to deliver for us and are like, I'm out of my depth here, you know" (Debbie, non-disabled nursing student).

Such relationship issues appeared to impact more significantly on disabled students than non-disabled students however, particularly when their impairment was not obvious and, in that respect, potentially less likely to be known to the placement staff unless they had disclosed it.

"There was no visual indicator. I used to walk with a stick and I hated it but it gave a clue to people and they were very helpful. But without that I suppose, on a very basic level it was a case of well you've signed up for this and you've said you can do it, so do it!" (Liz, disabled social work student).

"Sometimes I do feel that I look tired and sometimes I feel like people probably notice but I think they shouldn't jump to the conclusion that if someone is yawning it's not because they didn't go to bed till 4am last night" (Karen, disabled medical student).

Theme 5 – Disclosure and Identity as a Disabled Person

A number of the interview questions generated responses from disabled students related to disclosure of their disability and their identity as a disabled person, even when these issues were not directly questioned. This suggests that, for these students, such issues were an important part of their placement experience or perhaps the focus of the research made them more likely to be raised.

There did not appear to be any differences between students in different disciplines, or with different impairments, in relation to their disclosure decisions or their identity as a disabled person. A number of the responses related to students' decisions regarding the timing of their disclosure to the university and placement provider and their feelings about this, particularly the potential reactions they might receive to the disclosure.

“I disclosed once I got to university. I was worried, I didn't know who would be reading it (application) and I was worried that there might be that prejudice there” (Karen, disabled medical student).

“I would always worry disclosing to placement more than to Uni because yeah it just sort of feels a bit like oh, am I going to manage this, is it going to cause me problems whereas I guess I'm used to the sort of process at Uni for getting help and things” (Moirra, disabled social work student).

“I never disclosed that to my teacher because I felt, well I don't know you well enough to tell you and I don't want you thinking that I can't cope” (Norma, disabled teaching student).

It was also evident from some of the disabled students' responses that they did not identify with the term 'disabled' or wanted to cope without disclosure.

“I don't see myself as being labelled as disabled and when they put it on the form like I mean, I don't mind saying yes I have a learning difficulty but

it was just when it said have you a disability and I said no as obviously I don't have a disability in my eyes...I mean I'm not ashamed to say I have dyslexia I'm quite open about it even with the young people at the placement, I just don't see it as a disability at all" (Lesley, disabled social work student).

"Because it was really quite new to me and dealing with it...I don't really class (impairment) as a disability it's an inconvenience for sure, it's a medical problem but the real problem I find is the social or psychological part of it. I'm still finding that quite bad at the moment to be honest, being ok with it" (Charles, disabled medical student).

"I found that the main problem was that when I arrived at University I was enjoying this new identity and I still find it difficult to say I have a disability you know and so I think perhaps that I didn't speak up enough. This is another reason why I feel uncomfortable with it, it's because it's disability or difficulty as an issue, separate from me" (Liz, disabled social work student).

"I'm one of the people who kind of tries to act like I don't have a disability just so it doesn't hinder me and also because I think people can sometimes think you are using it as an excuse" (Linda, disabled medical student).

Other disabled students, however, appeared less concerned or became more confident with disclosure. There did not appear to be any evidence to suggest that this was linked to the nature of their impairment or their discipline.

"I wouldn't hesitate to let someone know in a situation that I thought was appropriate...I don't really see it as a big thing at all" (Paul, disabled medical student).

"I guess because I've, yeah, as I've got older I've realised that there are different things you can do to get help and it (disclosure) does make life

easier and yeah I sort of figure well if people know then they have a better idea of what's going on" (Moira, disabled social work student).

For most of the disabled students that were interviewed, disclosure of their disability to the placement provider was a concern however, and improvements to this were suggested.

"There's a few people in the placement when they've got the (disclosure) letter it's almost like they're summoning me into the office and like, what's your disability you know what I mean and I'm like it's not that big a deal it's fine but I think they're just eager to be nice and help in a way but in my circumstances if the letter just said (student's name) has (nature of impairment) and you can talk to him about this if you want that would be better" (Andy, disabled nursing student).

"Maybe if they (placement) already knew it would be a bit easier because I find it quite difficult just to go in and tell them straight off. I don't want to seem like, not kinda using it as an excuse but saying straight away" (Pamela, disabled teaching student).

"Because the (disclosure) letter wasn't being helpful it was actually creating barriers rather than making placement experience more fulfilling I spoke to OHSAS...and I said can you stop the university sending out these letters (disclosing disability)...focus on what people can do and focus on the positive" (Michael, disabled nursing student).

"I think it was nice to have the one on one, the knowing one person I think is helpful, especially because it is not something I would disclose normally. I don't disclose to people unless there is a specific reason, so I think if I was going to speak to someone I would feel more comfortable" (Karen, disabled medical student).

Overall, the students' responses within the theme of 'disclosure and identity as a disabled person' indicated a focus on the barriers presented

by the attitudes of others and the disclosure process itself rather than on the impact of their specific impairments, reflecting the social rather than medical approach to disability. In addition, their responses indicated that identifying with a disability label was not automatic or without difficulty in some cases, and having control over how, when and to whom such information was disclosed was clearly important; again reflecting the impact of the context in which disclosure is made.

Theme 6 – Response to Disclosure and Attitudes to Disability

For those questions where disclosure of a disability was either directly discussed or raised by the student, students typically talked about the reactions they had received to this. Negative reactions, or concerns raised about how the student would cope, were reported more often by students studying the ‘medical’ disciplines of medicine and nursing, although they were also evident in the responses of students in other disciplines.

“I haven’t really had great reactions in the past from doctors so I kinda of, I mean I spoke to someone else and I did feel that their reaction wasn’t very, he kinda looked at me like I’d grown another head you know, it looked as if like how are you going to do your job, how are you going to cope...I don’t know, I guess I thought maybe this person will be different but they weren’t” (Karen, disabled medical student).

“My practice educator had some concerns at the start of placement but I think she was concerned that, maybe she’s worked with students before and they’ve not had strategies that suit them but when I explained to her all the things I do and the strategies I have in place you know she kinda realised that maybe it won’t be an issue” (Lesley, disabled social work student).

“I think he (course tutor) was a bit taken aback and was questioning it on fitness to practice and I had another GP say to me...his words were along

the lines of well, if you've got into Medical School shouldn't you have grown out of it?" (Linda, disabled medical student).

"The response in the mental health setting was excellent as they understood, you know...but in the other placement...the nurse was quite ambivalent at the most and, you know, kinda unhelpful...I spoke with her and her attitude was if OHSAS have said you're fit, you're fit and we shouldn't have to make other adjustments" (Michael, disabled nursing student).

Some disabled students reported concern over the reactions they had experienced when disability was discussed on their course and the assumptions that appeared to be made on the basis of impairment conditions; in particular, professional perspectives on disability and impairment and the potential stigma attached to showing any failing in that respect.

"When we did (medical condition) that was quite hard to listen to doctors' feelings on that, some were more positive than others you know, to say something like well, in summation, having (medical condition) is bad that's quite a hard thing to hear, because I also think that in medicine they always look at the worst, they always look at the most terrible it could be and how we fix that...lots of people, and I'm not saying everyone, just think that all doctors are healthy and we are this breed like of super human people who don't have any problems at all" (Karen, disabled medical student).

"They were making it seem as though you had to be you know, a healthy warrior to get through it and if you weren't, you weren't suitable" (Liz, disabled social work student).

"I had an experience in a group where somebody spoke about including kids who weren't normal or some comment like that and I'm thinking right ok, these are the teachers that we're sending into classrooms and you

know, they don't even have the correct terminology" (Susan, disabled teaching student).

Some students also mentioned the reactions of their non-disabled peers on the course to their disability.

"One of my friends had said it to me like, how can you be a teacher if you're dyslexic" (Pamela, disabled teaching student).

"That's a misconception about dyslexia in itself...he (friend on course) was incredulous and he couldn't believe and he was like you can't be (dyslexic) because you do so well and I was like that's because I work really hard...people are very surprised when they realise that someone who is relatively intelligent is dyslexic" (Paul, disabled medical student).

In contrast, some students noted that having a disability gave them an insight into supporting other people experiencing difficulties, particularly in their professional role. This appeared to be more apparent for students studying the 'social' disciplines of teaching and social work.

"The other thing about social work is because you're automatically working with people who have all sorts of problems and disadvantages actually having some problems means that you can understand a bit more where they're coming from and that has very much been the attitude of different people within social work that actually yeah, because of the field it is, there is a bit more understanding maybe" (Moir, disabled social work student).

"I think I have more in depth knowledge about reading and writing so that benefits the child cos I understand more so, even the children in the class that are struggling I can sympathise with them and say well maybe it isn't just because this child is lazy or doesn't want to do it, maybe there are underlying issues behind it you know. They (placement staff) were really interested in seeing how I was supported at school to what it is now...like

they used it as a tool, how it had all changed round” (Pamela, disabled teaching student).

When students were asked about disabled people training and working in their profession, responses revealed differences in views, although not necessarily between disabled and non-disabled students. There were, however, some differences in this respect between students in ‘medical’ and ‘social’ disciplines, particularly in relation to nursing where the physical aspects of this profession were viewed by several students as potentially challenging for some disabled people.

“I suppose it would depend on what the disability is and if it’s going to impair their ability to do the job...being someone without a disability that makes you tired and things, I struggle sometimes myself” (Jennie, non-disabled nursing student).

“I’ve no experience of working with anyone or being around any students with a physical disability but I take my hat off to them if they want to do this course. I was unprepared for how tiring it was, the shift work, you’re having to work hard physically and mentally, that pressure to keep up and I see myself as fit and able, so I think if someone had a physical disability I think you’d find it really difficult” (Debbie, non-disabled nursing student).

“I know there are sort of limitations to things that you can do depending on the severity of your disability to a degree so that’s the only thing I can think of that we’ve talked about in relation to that because, if you were paraplegic or something, it would be quite difficult to work on a ward you know what I mean but there’s other forms of nursing you can do” (Andy, disabled nursing student).

“So long as they can do it the same as everyone else and it doesn’t impair their teaching that’s all that matters...and as long as they can like identify their weaknesses and say what strategies can they use to help” (Alison, non-disabled teaching student).

“I think if you can manage just the same as an able bodied person and put in place steps and measures then fine...I think that is why for me it worked really well with me doing small groups” (Norma, disabled teaching student).

These responses suggest that attitudes to disability and reactions to disclosure in professional contexts are primarily framed by the medical model of disability, focussing on the impact of specific impairments and categorising individuals by the limitations imposed by their impairment rather than on the potential for attitudinal or environmental barriers to be disabling.

6.3.3 Summary of Interview Results

Overall, most of the students who were interviewed were very positive about their placement experience. Many noted the importance of such learning opportunities for gaining an insight into the reality of practice and reinforcing their knowledge in a practical context. Indeed, all of the students said they still intended to pursue a career in their chosen profession and that their placement experience had helped to confirm that decision. For some disabled students, their placement experience also helped to confirm the specific career path that would enable them to minimise and manage the impact of their disability-related difficulties.

Most students indicated that they had some concerns prior to starting their course, particularly in relation to the level and intensity of the academic requirements and, for some disabled students, concerns about the impact of their disability. In relation to the latter, there was also evidence of the influence of the concerns of other people, making the student's decision to pursue the course more challenging in some cases.

Students in all disciplines generally felt prepared for attending placements and supported throughout, although improvements were suggested that primarily related to clarification of the role and responsibility of placement staff. In addition, it was evident from most of the disabled students' responses that it would have been helpful for them to know more about the placement in advance, particularly to identify any adjustments and to ensure the placement would be suitable for their disability-related needs. In this respect, the opportunity to visit the placement prior to starting was suggested by some students.

Differences were identified between the responses of students in different academic disciplines, particularly in relation to the reaction of placement staff to disability disclosure where students in 'medical' disciplines reported adverse reactions more often than those in 'social' disciplines. There was also some evidence to suggest that the medical or individual approach to disability was more evident in 'medical' disciplines, particularly for nursing where the physical aspects of this profession were deemed likely to present difficulties for some disabled people. In addition, disabled students undertaking 'social' disciplines appeared to reflect more on the positive aspects of having a disability and the contribution this made to their understanding of those they were supporting in their professional role.

There were also some apparent differences between the responses of disabled and non-disabled students across a number of the themes. This was particularly evident in relation to the difficulties students noted with accessing support, travelling to their placements and their relationships with placement staff due to the additional impact such difficulties had on disabled students. An added concern for some of the disabled students, both prior to starting their course and during their studies, was deciding on the timing and nature of their disability disclosure and dealing with the reactions to that, including the attitude of others to disabled people generally. In some cases, this impacted adversely on the students' placement experience and improvements were deemed necessary, particularly to the procedures for disability disclosure, the implementation of

disability-related support and the awareness of placement staff of disability issues.

Travelling to placements was raised as an issue by most of the students and several suggestions were made to improve this; including establishing an online resource where students could share details of bus/train timetables, and approximate timings for getting to placements by public transport or car. Increased clarity of the exact location of placements was also seen as necessary as often these were not as easy to access as they appeared due to lack of availability of public transport. The impact of travelling on some disabled students was also clearly an issue, whether in relation to the additional time and/or increased tiredness they experienced, particularly for students who needed to take medication on a regular basis.

Other suggestions for improvement to the placement experience were made by both disabled and non-disabled students and primarily related to increased clarity over the expectations of students on placement, particularly in terms of the learning objectives, and the roles and responsibilities of placement staff. This was thought likely to improve students' confidence and to reduce their concerns prior to placement. Positive relationships with placement staff were seen as key to the success of the placement for all students and earlier contact was viewed as important to establish these. Ongoing contact and communication with the University was also deemed to be important so that any issues could be identified and resolved as quickly as possible.

6.4 Placement Experience Feedback Obtained by Individual Disciplines

In order to obtain a fuller understanding of students' placement experience and to enhance the validity of my research, I reviewed the student placement feedback obtained independently by the individual disciplines during the period of my research, where this was available. This enabled comparison with the results obtained through the online survey and student interviews to identify any differences or similarities in the themes identified from analysis of students' feedback on their placement experience.

Placement feedback reports were obtained with the support of staff in the disciplines of medicine, dentistry, nursing, education and social work, and a summary of the key themes identified from these reports is provided below. The feedback reports were typically based on the outcomes of online surveys and reflected the interpretation of the report author. As none of the reports presented the results for disabled and non-disabled students separately, it was unclear whether such data was gathered. At the request of the staff, and to protect the anonymity of the students involved, specific details of the programmes involved are omitted in the analysis.

6.4.1 Summary of Key Themes from Discipline Placement Feedback

Overall the vast majority of students across all five disciplines were very positive about their placement experience. They generally felt that such experience enabled them to develop the skills required for their profession and enhanced their confidence in their abilities. The majority of students also appeared to feel well-prepared for going out on placement and indicated that they had been made to feel welcome by placement staff and were provided with sufficient orientation. Students were also generally very positive about the availability of support, both from placement staff and the university, and the level of supervision on placement.

There was some evidence, however, that additional clarification of the expectations of students on placement and the role of placement staff would have been beneficial. In particular, some students felt that placement staff were at times unsure of the students' prior experience, and therefore the skills they may already have or need to develop. This may have contributed to students being asked to undertake tasks for which they felt they were not yet prepared, including providing cover for absent placement staff. Some students also felt they experienced inconsistency in terms of assessment and feedback on their performance on placement, both from university and placement staff. The cost and time to travel to placements was also highlighted as an issue by students across different disciplines. In addition, insufficient time generally on each placement was felt by some to lead to a lack of continuity for those they were supporting on placement, and for the development of relationships with placement staff.

Several suggestions for improvement were provided which were common to different disciplines, including the provision of additional placement opportunities or more directed learning on placement to suit students' individual needs. Specifically, more opportunities for shadowing professionals in their field was suggested by some students prior to being expected to take on any responsibility on placement. In addition, increased guidance on the requirements of placement reports or portfolios was suggested by a number of students who felt unclear about the expectations of the university in this respect.

6.5 Summary of All Results

Comparison of the results from the online survey, interviews and the individual disciplines' placement feedback, revealed common themes in the students' responses. In particular, the majority of students were very positive about their placement experience and clearly valued this opportunity to develop their professional knowledge and skills, and to enhance their confidence in practice settings. Indeed, it was clear from the students who were asked about their career intentions during interview, and from some of the survey responses, that

the placement experience had helped to confirm their choice of professional career.

In addition, many students indicated a desire to spend more time on placement to help establish rapport, improve continuity of contact for the pupils, clients or patients they were supporting, and to further develop their relationships with placement staff. In relation to the latter, it was evident from the online survey, interviews and the individual disciplines' placement feedback results that a key aspect of many students' placement experience was the quality of their relationship with placement staff and the extent to which they felt supported by staff who were aware of their role and responsibilities to enable students' learning, and were skilled in doing so.

Furthermore, many of the students' responses highlighted the need for clarity in the expectations of students on placement, including more explicit assessment criteria, and in the expectations of placement staff; suggestions for the latter included further training for staff and ongoing monitoring by universities to ensure any issues are identified and addressed as soon as possible. Such clarity could be provided as part of placement preparation, for both students and placement staff. Indeed, it was clear from some of the students' responses, for nursing students in particular, that further preparation for the placement experience was considered beneficial.

The logistics of travelling to placements also clearly had an influence on the placement experience for many students. Specifically, the time required to identify and negotiate transport to placements made it difficult in some cases for students to manage their placement responsibilities and their academic workload. These difficulties made the placement experience more challenging for some disabled students, particularly when travelling to placement had a direct bearing on the management of their disability-related needs or interacted with the demands of shift work. Additional pre-placement planning and prior contact with placement providers was suggested by several students to help ameliorate some of these difficulties. In addition, it was evident from the survey results that only a minority of disabled students who had disclosed their

disability to their placement provider had reasonable adjustments in place in the placement setting, reinforcing the importance of ensuring that such adjustments are considered during pre-placement planning.

It was also evident from the survey results that disabled students were less positive about their placement experience overall and that they experienced more difficulties than their non-disabled peers. Analysis of the qualitative survey results suggested that these difficulties were related to the impact of the student's disability-related needs, including as a consequence of the additional stress that can arise in the placement setting, the volume of work, and the perceived lack of support from placement staff. These results were substantiated by disabled students during interview, particularly with respect to the lack of support they said they received when the nature of their impairment was not obvious to placement staff; suggesting perhaps that impairments need to be visible to be acknowledged.

The key distinguishing factor, however, between the experience of disabled and non-disabled students on placement related primarily to disability disclosure and the reaction of others to this; reflecting some of the concerns students who were interviewed had, prior to starting their course. In particular, although adverse reactions to disclosure were reported by disabled students in all disciplines, there was evidence to suggest that such reactions and a medical model approach to disability generally, were more prevalent in medicine and nursing.

Interestingly, the need for good health and fitness in medicine and nursing professions was evident in several of the students' responses, although for disabled students this primarily related to the reactions they had encountered from placement staff rather than their personal beliefs. In particular, there was evidence that some placement staff made assumptions in response to disclosure based on disability categories or labels, including their prior negative experience of working with someone with a specific disability. There was also evidence that education and social work students were more likely to acknowledge the positive aspects that having a disability could bring to their professional roles. This extended in some cases to the positive attitude of

placement staff in response to the student's disclosure, and encouragement to share their personal perspective on disability with other placement colleagues to inform their practice.

In addition, the survey results showed that disabled students in nursing and teaching were less likely to disclose their disability on placement than disabled students in other disciplines. Further analysis revealed that this may have been due to students in these disciplines feeling that disclosure was not necessary in the placement context but there was also evidence that some disabled students were concerned about the reaction of placement staff should they disclose; leading, in some cases, to students taking responsibility for managing the impact of their disability-related difficulties themselves. The lack of opportunity to disclose prior to placement and to discuss the implications of disclosure, which was evident in some of the students' responses, may also have impacted on their decision to withhold disclosure in the placement context. Indeed, there was evidence from the survey results that disabled students had not always been given the opportunity to disclose prior to placement. There was also evidence that some disabled students would prefer to take control over the timing and nature of their disclosure to placement staff, and others did not identify with the terms 'disability' or 'disabled' so did not disclose for this reason.

The following Chapter discusses the implications of these results; including reflecting on the research aims and identifying recommendations for practice, with reference to previous research on the experience of disabled students in higher education and the experience of students on practice placements generally.

7. Chapter 7 – Discussion

This thesis has reviewed the experience of disabled students in UK higher education and presented the outcomes of a research study that investigated disabled students' experience compared to their non-disabled peers in the context of professional practice placements. The research was undertaken within the complex disability-related legal, funding and regulatory frameworks surrounding UK higher education, as discussed in Chapter 3, and, in particular, the rights of disabled students and universities' responsibilities in this respect. It was also undertaken within the context of the different models and constructions of disability presented in Chapter 2 and attempted to assess the impact that different disciplines' approaches to disability may have on disabled students' experience in professional settings.

A key aspect of the research study was recognition of the value of students' narratives of their placement experience and to translate themes identified from these into recommendations for practical changes to the organisation and delivery of this essential component of professional training. Ultimately, the research aimed to improve the placement experience of all students and to remove any barriers to access for disabled students; reflecting, as far as possible, an emancipatory approach to disability research (Barton, 2005; Oliver, 1992, 1997).

7.1 Original Contribution to Knowledge

My research investigated the differences, if any, between the experience of disabled and non-disabled students on practice placements across six professional disciplines, utilising both quantitative and qualitative research techniques. The literature review presented in Chapter 4 revealed that this specific comparison had not previously been made in the practice placement context and therefore my research was unique in this respect. In addition, at time of writing, my research was the first to utilise interview techniques with both disabled and non-disabled students in the same study, to investigate the

qualitative differences, if any, in their experiences. Both these aspects of my research support my claim of an original contribution to knowledge.

As discussed in Chapter 1, it was also evident from my professional experience of working with disabled students in higher education that identifying reasonable adjustments for disabled students studying professional programmes was particularly challenging, and that the placement context raised additional disclosure concerns for disabled students. These issues therefore merited further investigation to advance knowledge in this area, to have a positive influence on practice in the higher education sector and consequently to improve the experience of students in the placement context.

7.2 Comparison of Findings with Previous Research

The expectation, based on previous research, was there would be some differences but also some similarities in the experience of disabled and non-disabled students (e.g. Fuller et al, 2008; Madriaga et al, 2010). This was substantiated by the results of my research. In particular, the results showed that both disabled and non-disabled students reported positive placement experiences and also similar difficulties but these were exacerbated for some disabled students by the nature of the student's impairment, the reaction of others to disclosure of their disability and the attitude to disability generally within their intended profession; particularly in the disciplines of medicine and nursing where the medical model of disability appeared to be more prevalent.

It was also expected from previous research that students' relationships with placement staff would have a strong influence on their placement experience (e.g. White, 2007; Wray et al, 2005). This was a key outcome in my research indicating that such relationships had a significant bearing on the success or otherwise of the placement for all students. In addition, the impact of less supportive relationships was clearly exacerbated for some disabled students.

Issues related to disclosure and identity as a disabled person were also expected to impact on disabled students' experience on practice placements on the basis of previous research (e.g. Dearnley et al, 2010; Riddick & English, 2006; Ryan & Struhs, 2004). The results from my research confirmed this, including providing evidence that disabled students in nursing and teaching were less likely to disclose their disability on placement, and that students in several disciplines did not identify with a disability label (e.g. Evans, 2013; Riddell & Weedon, 2013; Wray et al, 2005). These results are explored in more detail below.

7.2.1 Experience of Disabled and Non-Disabled Students

The literature review on the experience of disabled students in higher education presented in Chapter 4 revealed that disabled students can experience challenges on transition to university and in all aspects of their university education. Some of these challenges have been identified in other research to be similar to those experienced by non-disabled students, particularly adapting to the higher education learning environment (e.g. Fuller et al, 2008; Healey et al, 2006; Madriaga et al, 2010), but can be exacerbated for some disabled students by the nature of their disability and their university's response to their needs (e.g. Goode, 2007; Roberts, 2009). The literature review also showed that disabled students can experience additional challenges related to their identity as a disabled person, reactions to disclosure and the attitudes of others to disability generally, particularly for students studying professional programmes (e.g. Miller et al, 2009; Ryan & Struhs, 2004; Wray et al, 2005).

These results were substantiated in my research demonstrating that the practice placement context reflects disabled students' experience of higher education generally. Examination of the narratives of disabled and non-disabled students provided useful insight into students' experience on placement and enabled clarification of the qualitative differences in their respective experiences. Specifically, although both disabled and non-disabled students

identified difficulties, particularly with travelling to placements and in their relationships with placement staff, these were exacerbated for some disabled students and appeared to be amplified in the placement context. This was particularly evident in relation to disclosure of their disability to staff outwith the University and managing the impact of their impairment in an off-campus environment. The evidence for limited provision of reasonable adjustments in the placement context, for those students who had disclosed their disability, may also have contributed to these difficulties.

My research therefore provides clarification of the similarities and differences in the experience of disabled and non-disabled students in the placement setting. In particular, contrary to the findings of Madriaga et al (2010), my research suggests that the experience of disabled and non-disabled students, although similar, can involve significant differences that need to be acknowledged to ensure disabled students are not disadvantaged in such settings. An inclusive approach to practice placement learning, although clearly relevant, must still therefore recognise the ongoing importance of identifying and meeting disabled students' individual needs through the provision of reasonable adjustments.

7.2.2 Students' Relationships with Placement Staff

A key finding from my research was that students' experience on practice placements is heavily influenced by their relationships with placement staff and the organisational culture of the placement setting. In particular, staff who were aware of their role in supporting and enabling the learning of students on placement and, importantly, had the time and skills to progress this, clearly had a positive influence on students' experience. This substantiates previous research undertaken on the experience of disabled students on practice placements that emphasised the importance of matching students to appropriate placements and with skilled placement supervisors (e.g. Tee & Cowen, 2012; White, 2007; Wray et al, 2005). It also reflects research on students' experience in such settings generally that shows their relationship with

placement staff impacts significantly on their learning in the practice setting (e.g. Andrews et al, 2006; Lefevre, 2005; Lynch et al, 2010; Parker, 2007), is important to establish a sense of belonging to the placement team (Dewhurst & McMurtry, 2006; Levett-Jones & Lathlean, 2008), and can ultimately contribute to their retention on the course (Hamshire, Willgoss & Wibberley, 2012; Last & Fulbrook, 2003).

Arising also from the wider research on students' placement experience is the importance of pre-placement planning and the effectiveness of the communication between the university and placement provider (e.g. Andrews et al, 2006), ensuring that all stakeholders are aware of their roles and responsibilities for the student's placement experience. Despite the majority of students in my research indicating that they had received sufficient preparation for placement, and similar results from the independent feedback obtained by the individual disciplines, there was evidence from analysis of the online survey results that nursing students felt less well prepared than students in other disciplines. This reflects the results of the most recent National Student Survey (NSS) that indicated that students' satisfaction with the preparation they had received for National Health Service (NHS) placements⁶⁷ was lower than their satisfaction with other aspects of their practice placement experience (HEFCE, 2013b) (see Appendix 16). It also reflects the Nursing Standard's Care Campaign's⁶⁸ priorities for action that include better correlation between theory and practice in nurse training, and reflects concerns that placement mentors need sufficient time and preparation to fully undertake their role (Dean, 2012).

This is supported by evidence from the interviews in my research that students felt that more information in advance of the placement would help to ensure placement staff were aware of students' prior skills and experience; the latter to enable students' practice on placement to be better matched to their development needs. This was particularly evident for disabled students who felt that advance contact with the placement provider would help to ensure the

⁶⁷ NHS funded students are asked additional questions on the NSS about their practice placement experience.

⁶⁸ Nursing Standard's Care Campaign to improve patient care across the UK:
<http://www.thecarecampaign.co.uk/>

placement was suitable and prepared to accommodate their support requirements. Indeed, increased involvement and communication with placement staff prior to the placement has been shown to have a positive impact on the experience of disabled students (Botham & Nicholson, 2013).

The importance of support and training for placement staff to enable students to make the connection between theory and practice has also been highlighted in other research (Wilson & Kelly, 2010), including providing appropriate assessment and feedback on students' performance (Fitzgerald, Gibson & Gunn, 2010). The latter was clearly an issue for some students in my research who reported inconsistencies in the assessment and feedback on their placement performance by university and placement staff, and in the way practice skills were taught. Such issues have also been identified in previous research on disabled students' placement experience (e.g. White, 2007) where students reported the need for constructive feedback on their performance from understanding and supportive placement staff.

An added challenge for disabled students' relationships on placement is deciding whether or not to disclose their disability and dealing with the reaction to disclosure. It was suggested from the narratives of some disabled students in my research that supportive attitudes were more evident where placement staff appeared to have prior knowledge or experience of disability issues or were interested in the positive contribution the student's perspective on disability issues could bring to their practice. These results reflect previous research in this area (e.g. Leyser & Greenberger, 2008). Such positive relationships with supportive placement staff can also help to encourage disability disclosure and ensure disabled students' individual needs are met (White, 2007).

It is therefore clear from my research and previous studies in this field that effective, positive relationships with placement staff are central to students' experience whether or not they have a disability but can be particularly important to ensure disabled students are not disadvantaged in this context and feel confident to disclose.

7.2.3 Disclosure, Identity and Attitudes to Disability

It was evident from the results of my research that making the decision to disclose their disability to placement staff, and dealing with the potential reaction to this, was a concern to many disabled students and had a significant influence on their placement experience. These results were replicated across all disciplines but some interesting differences did emerge.

Specifically, there was evidence that a medical approach to disability was more likely in the disciplines of medicine and nursing, where reactions to the students' disclosure in some instances revealed negative attitudes, concerns about fitness to practice and a lack of disability awareness (e.g. Walker et al, 2013); as one disabled medical student said about the reaction she had received to disclosure "...he kinda looked at me like I'd grown another head". For those students with unseen impairments, a disclosure, once made, cannot be retracted and may subsequently impact on the rest of their university experience and, potentially, into the employment setting (e.g. Houghton, 2006; Riddell & Weedon, 2013; Stanley et al, 2007). Disabled students therefore face a difficult choice, particularly if the placement provider is considered a potential future employer.

Such attitudes may stem from the interactions that medical and nursing professionals typically have with disabled people; that is, as patients who require treatment for their condition, making no distinction between illness and disability (Oliver, 1998). Indeed, there is evidence that medical students can have such a negative view of disability (Byron, Cockshott, Brownett & Ramkalawan, 2005). Prior knowledge or experience of working with disabled people in different contexts can, however, encourage positive attitudes to disability in health professionals (Tervo & Palmer, 2004).

Medical and nursing schools should therefore include disability awareness training for students and a curriculum that reflects the social model of disability rather than entirely a medical perspective (Sahin & Akyol, 2010). In addition, it has been suggested that medical students who are aware of disabled students

on their course can help to challenge any negative assumptions about disability (Shakespeare, Iezzoni & Groce, 2009). However, there was some evidence to contradict this in my research where the reactions of other students to a student's disability disclosure suggested a lack of disability awareness. Interestingly, this also reflects other research in the disciplines of social work (Bernard et al, 2013) and education (Marshall et al, 2002).

Negative attitudes to disability in medicine may be perpetuated by "a culture where doctors are seen as healthy people who treat sick patients" (Stanton & Randall, 2011, page 1), which can set unrealistic expectations and reinforce negative attitudes to impairment. Kay, Mitchell, Clavarino and Doust (2008) noted in their review of doctors' access to health care that a stigmatising attitude to illness can create barriers that prevent doctors seeking medical advice when they themselves are unwell.

This attitude was apparent in some of the medical students' responses during interviews in my research. As one disabled student noted when reflecting on the reaction she had received to disclosure, there was a perception that "all doctors are healthy and we are this breed like, of super human people who don't have any problems at all". Interestingly, a similar view was suggested by a disabled social work student who stated in her interview that "They were making it seem as though you had to be you know, a healthy warrior to get through it and if you weren't, you weren't suitable".

The latter view may be related to the potential stigma attached to disclosing impairment in the social work profession which has been identified in relation to disclosure of mental health issues (Stanley, Manthorpe & White, 2007). In addition, previous research has suggested there can be an assumption in the social work profession that disabled people are more likely to receive than provide social work services (Sapey et al, 2004), leading perhaps to the unacknowledged possibility that professionals in this field may be disabled.

From the results of my research, students' perspectives on disability and impairment in professional contexts appeared to be framed by the language and

discourse of the medical model of disability with an emphasis on the potential impact and limitations of specific impairments rather than on the disabling effects of barriers to access. This suggests that, although some disabled students' responses identified the attitudinal barriers they had encountered or included reflection on the positive aspects of their impairment for their professional role, students' discourse around such issues primarily reflect the deficit model of disability typically utilised in higher education (Fuller et al, 2009).

Overall, although there was no clear divide between students' experiences of attitudes to disability in the 'medical' and 'social' discipline groups in my research or between disabled and non-disabled students' views on disabled people in the professions, there was evidence of this in different disciplines; in particular, the medical model approach appeared to be more prevalent in medicine and nursing. The fact that no disabled students studying dentistry came forward to participate in the research and the small number of disabled respondents in community education (three respondents to the online survey only), made it difficult to draw any conclusions on the attitudes to disability in these professions. This was discussed in Chapter 6 (Section 6.1.3) in relation to the disclosure rates in the underlying student population. In addition, the lack of research on attitudes to disabled students or disabled professionals in these disciplines, as discussed in Chapter 4, adds to this difficulty.

Interestingly, there is some evidence of a social model approach to disability within special care dentistry, where dentists are trained to provide dental care to disabled people in the community (Scambler et al, 2011), and recognition of the rights of disabled dental students and professionals to an inclusive learning and working environment (Elliott, Nunn & Sadlier, 2005). Whether such an approach permeates the experience of disabled dentistry students, however, is unclear and is therefore worthy of further investigation; particularly given the lower incidence of disability disclosure in medicine and dentistry (6.3%) compared to the average for students in other disciplines (8.6%) (ECU, 2013a; see Appendix 14).

There were also some interesting results from my research in relation to students' disclosure decisions. In particular, statistical analysis of the online survey results revealed that disabled education and nursing students were less likely to disclose their disability on placement than students in other disciplines. On further analysis of the students' qualitative responses, it was clear that some students felt there was no need to disclose as they had not experienced any difficulties on placement, reflecting previous research in this area (e.g. MacLeod & Cebula, 2009), while others noted that they could manage any impact of their disability themselves through implementation of their own support strategies (e.g. Morris & Turnbull, 2007). The latter reduced the need for disclosure and, in some cases, was due to concerns about how such a disclosure would be viewed from the perspective of the placement provider. This supports previous research findings on the factors influencing students' disclosure decisions on professional programmes (e.g. Stanley et al, 2007; Vickerman & Blundell, 2010; Wray et al, 2005).

Notwithstanding the student's right to choose whether or not to disclose their disability, it is possible they may have performed better on placement with support in place (Botham & Nicholson, 2013). Other disabled students in my research recognised the importance of being proactive in seeking support, just as they would encourage those they were supporting in a professional capacity to do so. The fact that a substantial number of disabled students in my research indicated that they had not been given the opportunity to disclose a disability prior to placement, suggests that universities also need to be proactive in offering support and encouraging disclosure.

An important finding that emerged from the responses of some disabled students was control over the timing and nature of their disclosure. This was clearly evident in their interview responses in particular, and again reflects previous research (e.g. Botham & Nicholson, 2013; Goode, 2007; MacLeod & Cebula, 2009). The possibility of a method of disclosure communication that enables the student to take control of this decision, such as a 'Student Support Card' (Raven et al, 2008), is therefore worthy of consideration, as is a review of disability disclosure procedures for the placement context generally. Indeed,

suggestions for improvement to this process were made by several students in my research.

Linked to issues around disclosure, it was evident from my research that some disabled students did not identify with the terms 'disabled' or 'disability' (Riddell et al, 2007a; Roberts, Georgeson & Kelly, 2009) and wanted to describe the nature of their impairment in different terms or did not view their impairment "as important to their sense of identity or self" (Watson, 2002, page 514). Recent research also confirms disabled students' rejection of such disabled discourses (Evans, 2013) and, in some cases, adoption of a disabled identity at different times and for different purposes; such as to enable access to disability-related funding (Riddell & Weedon, 2013).

This poses a dilemma for higher education institutions that have a legal obligation under the Equality Act (2010) to encourage disability disclosure in order to make individual reasonable adjustments for disabled students, as the language of disability-related legislation and funding, as discussed in Chapter 3, is couched in terms that do not appear to resonate with those who are legally entitled to this support. Even if it was possible to establish fully inclusive higher education provision, it is likely that it would still be necessary to identify adjustments for individual disabled students with complex support requirements (Fuller et al, 2008; Shevlin et al, 2004) to ensure they have an equal opportunity to achieve their full potential (Vickerman & Blundell, 2010).

There is clearly a need, therefore, to clarify for students the disability-related nomenclature used in higher education to enable support to be targeted to those individuals who may otherwise be disadvantaged. Some disability services' departments within UK higher education have started to use alternative terms, such as 'Enabling Services'⁶⁹, or to identify some disabilities, such as dyslexia, separately within their service titles⁷⁰, but the difficulty in the current legislative and funding framework is to appropriately target disability-related support, given that all students have learning support needs. The

⁶⁹ Southampton University: <http://www.southampton.ac.uk/edusupport>

⁷⁰ Robert Gordon University: <http://www.rgu.ac.uk/student-life/student-advice-and-support/disability-and-dyslexia-advice-and-support>

challenge therefore for universities is perpetuating the medical model of disability to ensure access to funding and entitlement to support for individual disabled students, whilst encouraging a social model approach to the provision of higher education through the promotion of inclusive practice.

7.3 Limitations of the Research and Future Research Considerations

7.3.1 Generality of the Research Findings

Before drawing any conclusions from this research, its limitations should be considered. Firstly, the research was based in only one University in the UK restricting the generality of the findings to other higher education institutions. It also involved a self-selected sample which has the potential to introduce bias in the results (Cohen et al, 2011). In particular, students who chose to participate in the research may have had different motives for doing so, or held opinions about their placement experience that may not have reflected the majority of other students on their course.

As noted in Chapter 5, the research recruitment material targeted a specific subset of students to gain insight into their placement experience and did so via their professional disciplines' Programme Leaders. Additional recruitment of disabled students registered with the Disability Services' department also ensured confirmation of their disability status and programme of study. I was therefore confident that those who participated in the research reflected the intended subset of students. However, comparison of the demographic characteristics of respondents with the underlying student population, as discussed in Chapter 6, revealed some evidence of nonresponse bias in terms of gender and disability so this may have affected the representativeness of the sample.

The findings from my research can also only reflect the experience of those students who chose to participate and their opinions at the time of the research, which needs to be taken into account in the interpretation of the results (e.g. Harrison et al, 2009). In addition, the themes identified from the qualitative data were based solely on my analysis of this data, which introduces the potential for lone researcher bias (Burnard, Gill, Stewart, Treasure & Chadwick, 2008). A focus solely on students also excluded the experience of staff delivering professional programmes and those supporting students on placement, which would have provided different perspectives on the issues raised by students in this research (e.g. Dearnley et al, 2010; Rankin et al, 2010; Wray et al, 2005) and, possibly, additional or alternative suggestions for improvement.

Confidentiality may have remained a concern for some participants given the sensitive nature of the research, although my position as Head of Disability Services and confirmation of how the data would be processed may have provided some reassurance. Issues around identification with the label 'disabled student' were also difficult to address through an online survey, although clarification of the legal definition of disability was provided by examples of different impairment categories. These factors may have impacted on students' decisions to participate in the research and ultimately on their response, potentially restricting the validity of the results. In addition, questions relating to disclosure may have been affected by the participants' recall of their decision, including their reasons and timing, and their experience given that, for some students, disclosure may have taken place three or four years earlier. Further potential limitations of the research methods were discussed in Chapter 5 (Section 5.4).

Nevertheless, given the increasing importance placed on student feedback in higher education, as discussed in Chapters 1 and 3, and the rich detail provided by students' individual narratives of their experiences of higher education (Vickerman & Blundell, 2010), the results of my research do offer the potential to identify recommendations for practice with the above restrictions in mind.

7.3.2 Emancipatory Approach to Research

As discussed in Chapter 5, I intended, as far as possible, to reflect an emancipatory approach to research by asking students for their personal accounts of their placement experiences to obtain a fuller understanding of the complex issues involved from their perspective (Elliott, 2004), to maintain a focus on identifying barriers that impacted on their experience (Barnes & Sheldon, 2007), and ultimately to directly influence practice for the benefit of all students in such contexts.

Such an emancipatory approach to disability research has been encouraged since its emergence in the UK in 1992 (Barnes, 2003) but it has also been challenged; including on the basis that it is not possible to control researchers' influence on participants' responses by virtue of the dominant position the researcher role affords (Danieli & Woodhams, 2005). In particular, I was aware of the potential impact my professional role could have on students' responses, perhaps encouraging more socially desirable responses in the interview situation in particular (Van de Mortel, 2008) if students perceived they had different views to my own on disability issues. In addition, as I controlled the nature of the research and how it was conducted, it did not meet the criteria for participatory research and therefore could not aspire to be truly emancipatory in nature, given that the students were not involved in all aspects of the research process (Zarb, 1992).

Ultimately, however, the aims of the research were to improve the experience of students on practice placements and, in particular, to remove barriers to access for disabled students by identifying recommendations for practice that could "bring practical benefits for disabled people" (Zarb, 1992, page 129). In this respect, the outcomes of the research have the potential to achieve this if the recommendations for practice are implemented. The latter will be supported by disseminating the outcomes of the research within my own institution, particularly with the professional disciplines involved in the research, and with other universities across the sector.

7.3.3 Critique of the Research Design

This research used a mixed methods design which has been criticised by some authors due to philosophical concerns that research paradigms should not be mixed (e.g. Creswell, 2011). However, as discussed in Chapter 5, my methodological approach aimed to combine the use of qualitative and quantitative techniques in the same study solely for the purposes of answering the research questions as clearly as possible, addressing a problem that had been identified in the 'real world' (Robson, 2013). Specifically, I was aware through my work as Head of Disability Services that the placement context could be particularly challenging for disabled students in relation to disclosure concerns and, from the perspective of staff, in relation to the implementation of reasonable adjustments without compromising academic or fitness standards. In addition, I had identified a clear gap in the research literature with respect to comparing the experience of disabled and non-disabled students in this context. My professional background and familiarity with disability-related practice in higher education also lent itself to undertaking research of this nature.

The combined use of an online survey and individual interviews allowed for both breadth and depth of analysis of students' experiences, potentially increasing the representativeness of the research outcomes. The online survey was designed to be accessible and relatively quick for students to complete, and provided the opportunity for an anonymous response, both of which aimed to encourage as many students as possible to participate; thereby increasing the potential for a larger sample size and enhancing the reliability of the results. The quantitative data from the survey also afforded the potential to explore relationships between variables to identify any significant differences in the responses of students in different groups, in line with the research questions, whilst acknowledging any statistical limitations imposed on the interpretation of the results. Any such differences were then scrutinised further through thematic analysis of the students' qualitative responses to the open-ended survey questions to help clarify the results of the statistical analyses.

The follow-up interviews provided the opportunity to explore the students' individual experiences in fine detail and to compare themes identified from these with the online survey results. The use of both these approaches, and subsequent comparison of my results with themes identified from the placement feedback reports prepared independently by the individual disciplines, allowed common themes to be identified across all data sources from which recommendations for practice could be suggested with more confidence. In this respect, the research design was applicable to the context and afforded the opportunity to achieve the research aims from a pragmatic perspective (Feilzer, 2010).

7.3.4 Future Research Considerations

Replication of my research in other universities would help to determine whether the results reflect students' experience of practice placements elsewhere or are specific to the particular context in which the research was conducted. Gathering additional demographic data on other student characteristics protected under the Equality Act (2010), such as race, religion or belief, and pregnancy and maternity, would also help to determine the extent to which the experience of disabled students is different from students in other protected groups, and the interaction of different characteristics on students' experience; potentially helping to identify additional recommendations for practice that would further improve the inclusiveness of the placement experience. In addition, investigating the views of placement and university staff responsible for delivering and coordinating placement opportunities would provide an alternative perspective that could help shape the recommendations for practice.

Future research could also examine specific aspects of the results that emerged from my research in more detail. In particular, further exploration of students' relationships with placement staff and identification of models of good practice in this respect would be helpful. This could include an assessment of the impact

of disability awareness training for placement staff, for example, or additional information on students' professional development needs on placement. In addition, further exploration of disclosure procedures for placements, including clarifying definitions of disability-related nomenclature to encourage disclosure, would be worthy of investigation; for example, giving students more control over the timing and nature of the disclosure and enabling prior contact with placement staff to discuss support requirements. This could include further assessment of the impact of students' identity on their decision to disclose a disability in the placement context, and further specific comparisons of the experience of disabled students who choose to disclose the nature of their impairment to placement staff and those who do not; the latter particularly across different disciplines.

Finally, future research could explore whether there is any difference in the experience of disabled and non-disabled students on practice placements in other disciplines. Focussing such research on one discipline would also allow deeper analysis of students' experiences. As noted in the literature review, most of the research on disabled students' experience on professional programmes has been undertaken in the disciplines of nursing and social work. Further research on the placement experience of disabled medical, dentistry, teaching and community education students in particular would therefore also be worthy of investigation.

7.4 Conclusion and Recommendations for Practice

7.4.1 Conclusion

This research has provided insight into the experience of disabled and non-disabled students on practice placements across six professional disciplines. Similarities and differences in the students' experiences were identified, reflecting previous research in other higher education contexts, suggesting that the placement setting is no different in this respect. In addition, this research

confirmed that disabled and non-disabled students experienced similar issues that, if addressed, could help to improve the placement experience of all students. This confirmation may help to support an inclusive approach to the delivery of the practice placement component of professional training, making implementation of the recommended practice more manageable for staff and therefore potentially more likely to be implemented (Madriaga et al, 2010).

The challenges identified in the literature review for disabled students studying professional programmes of study were clearly still evident in my results however, and limited progress appears to have been made in this respect since the Disability Rights Commission's formal investigation into professional fitness standards (DRC, 2007b). In particular, it was clear from my research that disabled students still experience negative attitudes to disability in the placement context, particularly in medical disciplines, and can therefore remain reluctant to disclose. Indeed, some students may not identify with a disability label at all and need further clarification before disclosing. In addition, it was clear that disabled students continue to experience additional challenges on practice placements over and above those experienced by other students; therefore the importance of identifying and implementing individual adjustments for disabled students in the practice placement context remains.

7.4.2 Recommendations for Practice

The following recommendations are primarily intended for placement and university staff involved in delivering or supporting the practice placement component of professional programmes. They are made on the basis of the results of this research study with the aim of improving the practice placement experience of all students and ensuring that the needs of disabled students in such contexts are consistently and appropriately met. The recommendations are not intended to be prescriptive and staff are encouraged to reflect on their applicability and feasibility in their context; for example, as part of programme review and in tandem with existing placement evaluation processes.

Recommendations to improve the practice placement experience of all students:

- Provide additional clarification of the role of placement staff to ensure they are sufficiently prepared to support students and, ideally, given allocated time to do so;
- Ensure placement staff are aware of the expectations of students on placement and students' prior experience and skills to ensure, as far as possible, that students' placement experience is matched to their professional development needs;
- Provide additional guidance and information for placement staff, particularly to raise awareness of their role and responsibilities to support learning and assessment of students in the placement context;
- Provide equality and diversity training for placement staff to ensure they are aware of their specific responsibilities to support students with diverse needs, and to make reasonable adjustments for disabled students;
- Identify, as far as possible, placement staff who are best placed to undertake the placement supervisor role, particularly in terms of their personal interest, skills and experience;
- Provide students with advance notice of placement locations so early contact can be made with placement staff if required;
- Provide additional support with travel arrangements and, where feasible, access to travel costs in advance;
- Increase clarity of placement locations, as these may not be as easy to access as they appear due to the lack of availability of public transport;
- Establish online resources to facilitate peer support for students on placement, including to share details of bus/train timetables and approximate timing for travelling to placements by public transport or car;
- Provide longer placements to support the development of relationships and increased opportunities for shadowing professionals in the placement context;

- Provide additional guidance for students on the requirements of placement-related assessments and reports;
- Ensure ongoing monitoring and communication with students, by university and placement staff, so that any issues can be identified and resolved quickly;
- Assess the extent to which the placement experience is inclusive as part of programme approval and review processes, taking into account feedback obtained from students in different protected groups.

Additional recommendations to improve the practice placement experience of disabled students:

- Review pre-placement planning procedures to ensure the needs of disabled students are considered in advance, particularly in relation to placement allocation, the opportunity for pre-placement visits and the provision of reasonable adjustments in the placement context;
- Review procedures for disability disclosure on placement, including clarifying the implications of disclosure and ensuring consent, increasing disclosure opportunities and providing options that give disabled students greater control of the timing and nature of disclosure;
- Provide clarification of disability-related nomenclature to encourage disclosure, ideally prior to placement, and ensure support is targeted to meet disabled students' individual needs;
- Facilitate prior contact with placement providers to assess the suitability of the placement, to enable disabled students' support needs to be discussed in advance with their consent, and for individual adjustments to be agreed;
- Consider establishing a written agreement with placement providers that sets out the respective responsibilities of the placement provider and the university for the implementation of adjustments and the provision of support, including any funding or resource implications;

- Ensure that an individual assessment of a student's disability-related needs is undertaken with support from those with expertise in student-centred needs assessment, including an inclusive risk assessment where appropriate, and that reasonable adjustments are considered before any decision is made regarding a disabled student's fitness to practice on the basis of health or safety concerns;
- Monitor implementation of disability-related support and request specific feedback from disabled students to assess the suitability of the support provided and the awareness of placement staff of disability issues.

The above recommendations are supported by the guidance that I have written for staff on arranging work placements for disabled students and undertaking inclusive risk assessments. This guidance is available in the attached Recognition of Prior Learning submission (see Appendix 17, pages 59-80). Dissemination of the above recommendations will be supported through conference presentations, guidance and research publications to enable, as far as possible, a positive influence on practice, and most importantly on students' experience in the professional placement context.

References

- Adams, M. & Holland, S. (2006) Improving access to higher education for disabled people. In M. Adams & S. Brown (Eds.) *Towards inclusive learning in higher education: developing curricula for disabled students*, (pp.10-22). Abingdon: Routledge.
- Andrews, G.J., Brodie, D.A., Andrews, J.P., Hillan, E., Thomas, B.G., Wong, J. & Rixon, L. (2006) Professional roles and communications in clinical placements: a qualitative study of nursing students' perceptions and some models for practice. *International Journal of Nursing Studies*, 43(7), 861-874.
- Ashworth, M., Bloxham, S. & Pearce, L. (2010) Examining the tension between academic standards and inclusion for disabled students: the impact on marking of individual academics' frameworks for assessment. *Studies in Higher Education*, 35(2), 209-223.
- Ball, S., McNaught, A., Watson, S. & Chandler, A. (2010) OASES: online accessibility self evaluation service - a web-based tool for education institutions to self-assess the accessibility of their practice. In K. Miesenberger, J. Klaus, W. L. Zagler & A. I. Karshmer (Eds.) *Computers helping people with special needs*, ICCHP (1), (pp. 433-436). Heidelberg: Springer.
- Barnes, C. (1991) *Disabled people in Britain and discrimination: a case for anti-discrimination legislation*. London: Hurst & Co. Retrieved 16th July, 2013, from: <http://disability-studies.leeds.ac.uk/files/library/Barnes-disabled-people-and-discrim-ch3.pdf>
- Barnes, C. (2003) What a difference a decade makes: reflections on doing 'emancipatory' disability research. *Disability & Society*, 18(1), 3-17.

- Barnes, C. (2007) Disability, higher education and the inclusive society. *British Journal of Sociology of Education*, 28(1), 135-145.
- Barnes, C. & Mercer, G. (1997) Breaking the mould? An introduction to doing disability research. In C. Barnes & G. Mercer (Eds.) *Doing disability research*, (pp.1-14). Leeds: The Disability Press. Retrieved 29th July, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/Barnes-Chapter-1.pdf>
- Barnes, C. & Mercer, G. (2004) Theorising and researching disability from a social model perspective. In C. Barnes & G. Mercer (Eds.) *Implementing the social model of disability: theory and research*, (pp.1-17). Leeds: The Disability Press. Retrieved 29th July 2013, from: <http://disability-studies.leeds.ac.uk/files/library/Barnes-implementing-the-social-model-chapter-1.pdf>
- Barnes, C. & Mercer, G. (2005) Understanding impairment and disability: towards an international perspective. In C. Barnes & G. Mercer (Eds.) *The social model of disability: Europe and the majority world*, (pp.1-16). Leeds: The Disability Press. Retrieved 29th November 2013, from: <http://disability-studies.leeds.ac.uk/files/library/Barnes-EMW-Chapter-1.pdf>
- Barnes, C. & Sheldon, A. (2007) 'Emancipatory' disability research and special educational needs. In L. Florian (Ed.) *The Sage handbook of special education*, (pp. 233-246). London: Sage.
- Baron, S. Phillips, R. & Stalker, K. (1996) Barriers to training for disabled social work students. *Disability & Society*, 11(3), 361-378.
- Barton, L. (2003) *Inclusive education and teacher education: a basis for hope or a discourse of delusion*. Professorial lecture. Institute of Education: University of London. Retrieved 4th April, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/Barton-inclusive-education.pdf>

- Barton, L. (2005) Emancipatory research and disabled people: some observations and questions. *Educational Review*, 57(3), 317-327.
- Beattie, R.B. (1999) *The Beattie Committee report: implementing inclusiveness, realising potential*. Edinburgh: Scottish Executive. Retrieved 10th July, 2013 from:
<http://www.scotland.gov.uk/Publications/1999/09/ImplementingInclusiveness>
- Bedi, R., Champion, J. & Horn, R. (2001) Attitudes of the dental team to the provision of care for people with learning disabilities. *Special Care Dentist*, 21(4), 147-152.
- Bekhradnia, B. & Darian, L. (2013) *The student academic experience survey*. Oxford: Higher Education Policy Institute (HEPI) and Which? Retrieved 26th July, 2013 from:
http://www.hepi.ac.uk/files/1.Higher_Educational_Report.pdf
- Bernard, C., Fairtlough, A., Fletcher, J. & Ahmet, A. (2013) A qualitative study of marginalised social work students' views of social work education and learning. *British Journal of Social Work*, 1-16, doi: 10.1093/bjsw/bct055.
- Bhagat, D. & O'Neill, P. (Eds.) (2011) *Inclusive practices, inclusive pedagogies: learning from widening participation research in art and design higher education*. Croydon: CPI Group (UK) Ltd.
- Billett, S. (2009) Realising the educational worth of integrating work experiences in higher education. *Studies in Higher Education*, 34(7), 827-843.
- Bishop, D. & Rhind, D.J.A. (2011) Barriers and enablers for visually impaired students at a UK Higher Education Institution. *British Journal of Visual Impairment*, 29, 177-195.

- Bolt, D. (2004) Disability and the rhetoric of inclusive higher education. *Journal of Further and Higher Education*, 28(4), 353-358.
- Borland, J. & James, S. (1999) The learning experience of students with disabilities in higher education. A case study of a UK university. *Disability & Society*, 14(1), 85-101.
- Botham, K.A. & Nicholson, J. (2013) Supporting the transition of disabled students from university to practice placement. *Disability & Society*, DOI: 10.1080/09687599.2013.823078
- Boursicot, K.A.M. & Roberts, T. (2009) Widening participation in medical education: challenging elitism. *Higher Education Policy*, 22(1), 19-36.
- Bowl, M. (2001) Experiencing the barriers: non-traditional students entering higher education. *Research Papers in Education*, 16(2), 141-160.
- Brandt, S. (2011) From policy to practice in higher education: the experiences of disabled students in Norway. *International Journal of Disability, Development and Education*, 58(2), 107-120.
- Branigan, L. (2011) Calling disabled dentists. *British Dental Journal*, 211(11), 503-504.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brennan, M., Grimes, M. & Thoutenhoofd, E. (2005) *Deaf students in Scottish higher education. A report for the Scottish Funding Council*. Edinburgh: University of Edinburgh. Retrieved 30th July, 2013 from: <http://www.ssc.education.ed.ac.uk/resources/deaf/DeafScotHE.pdf>

British Council of Disabled People (BCODP) (1997) *The Disabled People's Movement*. Derbyshire: Bailey & Sons Ltd. Retrieved 29th July, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/BCODP-workbook4.pdf>

British Medical Association (BMA) (2007) *Disability equality in the medical profession*. BMA. Retrieved 17th June, 2013 from: <http://bma.org.uk/developing-your-career/becoming-a-doctor/disability-in-the-medical-profession>

Brown, K., James, C. & MacKenzie, L. (2006) The practice placement education experience: an Australian pilot study exploring the perspectives of health professional students with a disability. *British Journal of Occupational Therapy*, 69(1), 31-37.

Brown, P. & Simpson, A. (2004) The social model of disability in higher education: attention to tensions. In C. Barnes & G. Mercer (Eds.) *Disability policy and practice: applying the social model*, (pp.65-81). Leeds: The Disability Press. Retrieved 29th July, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/brown-and-simpson-policy-and-practice-5.pdf>

Bryman, A. (2006) Integrating quantitative and qualitative research: how is it done? *Qualitative Research*, 6(1), 97-113.

Bryman, A. (2007) Barriers to integrating quantitative and qualitative research. *Journal of Mixed Methods Research*, 1(1), 8-22. Retrieved 7th September, 2013 from: <http://mmr.sagepub.com/content/1/1/8.full.pdf+html>

Bryman, A., Becker, S. & Sempik, J. (2008) Quality criteria for quantitative, qualitative and mixed methods research: a view from social policy. *International Journal of Social Research Methodology*, 11(4), 261-276.

Buckley, A. (2012) *National Student Survey. Analysis of national results for 2011*. York: Higher Education Academy. Retrieved 29th November, 2013

from:

http://www.heacademy.ac.uk/assets/documents/nss/NSS_report_2011_FINAL.pdf

Buckley, A. (2013) *Making it count. Reflecting on the National Student Survey in the process of enhancement*. York: Higher Education Academy. Retrieved 26th July, 2013 from:
http://www.heacademy.ac.uk/assets/documents/nss/Making_it_count.pdf

Burnard, P., Gill, P., Stewart, K., Treasure, E. & Chadwick, B. (2008) Analysing and presenting qualitative data. *British Dental Journal*, 204(8), 429-432.

Burns, I. & Paterson, I.M. (2005) Clinical practice and placement support: supporting learning in practice. *Nurse Education in Practice*, 5, 3-9.

Byron, M., Cockshott, Z., Brownett, H. & Ramkalawan, T. (2005) What does 'disability' mean for medical students? An exploration of the words medical students associate with the term 'disability'. *Medical Education*, 39(2), 176-183.

Cameron, R. (2011) Mixed methods research: the five Ps framework. *The Electronic Journal of Business Research Methods*, 9(2), 96-108. Retrieved 3rd September, 2013 from: <http://www.ejbrm.com/volume9/issue2/>

Cantrell, M.A. & Lupinacci, P. (2007) Methodological issues in online data collection. *Journal of Advanced Nursing*, 60(5), 544-549.

Charlton, J.I. (1998) *Nothing about us without us: disability oppression and empowerment*. Berkeley: University of California Press.

Claiborne, L.B., Cornforth, S., Gibson, A. & Smith, A. (2011) Supporting students with impairments in higher education: social inclusion or cold comfort? *International Journal of Inclusive Education*, 15(5), 513-527.

- Clarke, P. & George, L.K. (2005) The role of the built environment in the disablement process. *American Journal of Public Health*, 95 (11), 1933-1939.
- Coare, P., Houghton, A-M. & McDonnell, L. (2007) *Changing the shape of the box: disability and effective inclusion*. National Institute of Adult Continuing Education (NIACE). Retrieved 16th May, 2013 from: https://www.academia.edu/5383205/Changing_the_shape_of_the_box_Disability_and_effective_inclusion
- Cohen, L., Manion, L. & Morrison, K. (2011) *Research methods in education* (7th Ed.). Abingdon: Routledge.
- Commission for Disabled Staff in Lifelong Learning (2008) *From compliance to culture change: disabled staff working in lifelong learning*. National Institute of Adult Continuing Education (NIACE). Retrieved 4th April, 2013 from: <http://www.niace.org.uk/current-work/the-commission-for-disabled-staff-in-lifelong-learning>
- Conover, W.J. (1999) *Practical nonparametric statistics* (3rd Ed.). New York: John Wiley & Sons Ltd.
- Convention on the Rights of Persons with Disabilities (CRPD) (2006) United Nations. Retrieved 15th May, 2013 from: <http://www.un.org/disabilities>
- Cook, V., Griffin, A., Hayden, S., Hinson, J. & Raven, P. (2012) Supporting students with disability and health issues: lowering the social barriers. *Medical Education*, 46, 564-574.
- Creswell, J.W. (2011) Controversies in mixed methods research. In N.K. Denzin & Y.S. Lincoln (Eds.) *Handbook of qualitative research* (4th Ed.) (pp. 269-283). Thousand Oaks, CA: Sage. Retrieved 11th September, 2013 from: http://www.sagepub.com/upm-data/40426_Chapter15.pdf

Creswell, J.W. & Plano Clark, V.L. (2011) *Designing and conducting mixed methods research* (2nd Ed.). Thousand Oaks, CA: Sage.

Crow, L. (1996) Including all of our lives: renewing the social model of disability. In C. Barnes & G. Mercer (Eds.) *Exploring the divide: illness and disability*, (pp.55-72). Leeds: The Disability Press. Retrieved 29th July, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/Crow-exploring-the-divide-ch4.pdf>

Curran, P., McGee, A.M. & Reynolds, G.M. (1994) *SHEFC disability initiative: final report on access for students with disabilities to higher education in Scotland*. Edinburgh: SHEFC. Retrieved 18th August, 2013 from the British Library Document Supply Centre: <http://hdl.handle.net/10068/521215>

Danieli, A. & Woodhams, C. (2005) Emancipatory research methodology and disability: a critique. *International Journal of Social Research Methodology*, 8(4), 281-296.

DART Project (2005) *Disabilities: Academic Resource Tool*. Retrieved 12th July, 2013 from: <http://dart.lboro.ac.uk/>

Data Protection Act (1998) London: HMSO. Retrieved 13th September, 2013 from: <http://www.legislation.gov.uk/ukpga/1998/29/contents>

David, M., Parry, G., Vignoles, A., Hayward, G., Williams, J., Crozier, G., Hockings, C. & Fuller, A. (2008) *Widening participation in higher education: a commentary by the Teaching and Learning Research Programme*. Retrieved 6th July, 2013 from: <http://www.tlrp.org/pub/documents/HEcomm.pdf>

Dean, E. (2012) Ready for action. *Nursing Standard*, 26(34), 16-18.

Dearnley, C., Walker, S.A., Hargreaves, J. & Walker, L. (2010) *Managing impairment in professional practice: disability and fitness to practise: a*

multi-site investigation into the application of the Equality Act (2010) to health care students in practice settings within the NHS. Project Report. Bradford: University of Bradford. Retrieved 17th August, 2012 from: <http://eprints.hud.ac.uk/9823/>

Della Porta, D. & Keating, M. (Eds.) (2008) *Approaches and methodologies in the social sciences. A pluralist perspective.* Cambridge: Cambridge University Press.

Demery, R., Thirlaway, K. & Mercer, J. (2012) The experiences of university students with a mood disorder. *Disability & Society*, 27(4), 519-533.

Department for Business, Innovation and Skills (BIS) (2011) *Higher education: students at the heart of the system.* London: BIS. Retrieved 3rd August, 2013 from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32409/11-944-higher-education-students-at-heart-of-system.pdf

Department for Innovation, Universities and Skills (DIUS) (2009) *Disabled students and higher education: higher educational analysis.* London: DIUS. Retrieved 9th November, 2012 from: http://www.bis.gov.uk/assets/biscore/corporate/migratedd/publications/d/dius_rr_09_06.pdf

Dewhurst, Y. & McMurtry, D. (2006) *The effectiveness of school placements in facilitating student teacher learning and professional development.* Retrieved 3rd January, 2014 from: <http://www.ser.stir.ac.uk/pdf/201.pdf>

Disability Discrimination Act (DDA) (1995) London: HMSO. Retrieved 6th November 2012, from: <http://www.legislation.gov.uk/ukpga/1995/50/contents>

Disability Discrimination Act 1995 (Amendment) Regulations (DDA) (2003)

London: HMSO. Retrieved 6th November, 2012 from:

<http://www.legislation.gov.uk/ukxi/2003/1673/contents/made>

Disability Discrimination Act (DDA) (2005) London: HMSO. Retrieved 16th

March, 2011 from: <http://www.legislation.gov.uk/ukpga/2005/13/contents>

Disability Rights Commission (DRC) (2006) *The duty to promote disability*

equality. Statutory Code of Practice. Scotland. London: The Stationery

Office (TSO). Retrieved 3rd August, 2013 from:

<http://webarchive.nationalarchives.gov.uk/20070705125910/http://www.drc>

-

[gb.org/employers_and_service_provider/disability_equality_duty/explaining_the_duty/codes_of_practice.aspx](http://www.drc.org.uk/employers_and_service_provider/disability_equality_duty/explaining_the_duty/codes_of_practice.aspx)

Disability Rights Commission (DRC) (2007a) *Disability Discrimination Act 1995.*

Code of Practice (revised) for providers of post-16 education and related

services. London: The Stationery Office (TSO). Retrieved 3rd July, 2013

from:

[http://www.equalityhumanrights.com/uploaded_files/code_of_practice__re](http://www.equalityhumanrights.com/uploaded_files/code_of_practice__revised__for_providers_of_post-16_education_and_related_services__dda_.pdf)

[vised__for_providers_of_post-](http://www.equalityhumanrights.com/uploaded_files/code_of_practice__revised__for_providers_of_post-16_education_and_related_services__dda_.pdf)

[16_education_and_related_services__dda_.pdf](http://www.equalityhumanrights.com/uploaded_files/code_of_practice__revised__for_providers_of_post-16_education_and_related_services__dda_.pdf)

Disability Rights Commission (DRC) (2007b) *Maintaining standards: promoting*

equality. Professional regulation within nursing, teaching and social work

and disabled people's access to these professions. Report of a DRC

formal investigation. London: DRC. Retrieved 19th July, 2013 from:

[http://www.equalityhumanrights.com/advice-and-guidance/before-the-](http://www.equalityhumanrights.com/advice-and-guidance/before-the-equality-act/guidance-for-education-providers-pre-october-2010/maintaining-standards-promoting-disability-equality/)

[equality-act/guidance-for-education-providers-pre-october-](http://www.equalityhumanrights.com/advice-and-guidance/before-the-equality-act/guidance-for-education-providers-pre-october-2010/maintaining-standards-promoting-disability-equality/)

[2010/maintaining-standards-promoting-disability-equality/](http://www.equalityhumanrights.com/advice-and-guidance/before-the-equality-act/guidance-for-education-providers-pre-october-2010/maintaining-standards-promoting-disability-equality/)

Disability Rights UK (2013) *Into higher education 2014: the guide for disabled*

people. London: Disability Rights UK. Retrieved 20th January, 2014 from:

<http://www.disabilityrightsuk.org/sites/default/files/pdf/IntoHE2014.pdf>

- Donaldson, G. (2011) *Teaching Scotland's future: report of a review of teacher education in Scotland*. Edinburgh: Scottish Government. Retrieved 8th November, 2012 from:
<http://www.scotland.gov.uk/Resource/Doc/337626/0110852.pdf>
- Doyle, L., Brady, A-M. & Byrne, G. (2009) An overview of mixed methods research. *Journal of Research in Nursing*, 14, 175-185.
- Duggan, A., Bradshaw, Y.S. & Altman, W. (2010) How do I ask about your disability? An examination of interpersonal communication processes between medical students and patients with disabilities. *Journal of Health Communication: International Perspectives*, 15(3), 334-350.
- Duncan, L.G., Seymour, P.H.K. & Hill, S. (1997) How important are rhyme and analogy in beginning reading? *Cognition*, 63, 171-208.
- Education (Additional Support for Learning) (Scotland) Act (2004) London: HMSO. Retrieved 29th June, 2013 from:
<http://www.legislation.gov.uk/asp/2004/4/contents>
- Edwards, D.M. & Merry, A.J. (2002) Disability part 2: access to dental services for disabled people. A questionnaire survey of dental practices in Merseyside. *British Dental Journal*, 193(5), 253-255.
- Elliot, T. & Wilson, C. (2008) *The perceptions of students with hidden disabilities of their experiences during transition to higher education*. Ipswich: Aim Higher East of England. Retrieved 27th June, 2013 from:
<http://www.tagdisability.org/?s=hidden+disabilities>
- Elliott, A.C. & Woodward, W.A. (2007) Analysis of categorical data. In A.C. Elliott & W.A. Woodward (Eds.) *Statistical analysis quick reference guidebook: with SPSS examples*, (pp. 113-149). Thousand Oaks, CA: Sage.

Elliott, I., Nunn, J. & Sadler, D. (2005) *Oral health & disability: the way forward*. Dublin: National Disability Authority. Retrieved 7th August, 2013 from:
[http://www.nda.ie/cntmgmtnew.nsf/0/4739AF522B1865EC8025707B004C4015/\\$File/NDAOralHealth.pdf](http://www.nda.ie/cntmgmtnew.nsf/0/4739AF522B1865EC8025707B004C4015/$File/NDAOralHealth.pdf)

Elliott, J. (2004) Multimethod approaches in educational research. *International Journal of Disability, Development and Education*, 51(2), 135-149.

Equality Act (2010) London: HMSO. Retrieved 16th March, 2011 from:
<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Equality and Human Rights Commission (EHRC) (2008) *Disability Discrimination Act 1995. Revised Code of Practice: Trade Organisations, Qualifications Bodies and General Qualifications Bodies*. London: EHRC. Retrieved 3rd July, 2013 from:
http://www.equalityhumanrights.com/uploaded_files/dda_revisedcop_tradeorgs_qualificationbodies.pdf

Equality Challenge Unit (ECU) (2010) *Disability legislation: practical guidance for academic staff (revised)*. London: ECU. Retrieved 12th July, 2013 from:
<http://www.ecu.ac.uk/publications/disability-legislation-practical-guidance-for-academic-staff-revised>

Equality Challenge Unit (ECU) (2011) *Enabling equality: furthering disability equality for staff in higher education*. London: ECU. Retrieved 23rd February, 2013 from:
<http://www.ecu.ac.uk/publications/enabling-equality-staff>

Equality Challenge Unit (ECU) (2012a) *Equitable admissions for underrepresented groups*. London: ECU. Retrieved 29th July, 2013 from:
<http://www.ecu.ac.uk/publications/files/equitable-admissions-for-underrepresented-groups.pdf/view>

Equality Challenge Unit (ECU) (2012b) *Evidencing equality: approaches to increasing disclosure and take-up of disabled students' allowance*.

London: ECU. Retrieved 1st April, 2013 from:

<http://www.ecu.ac.uk/publications/evidencing-equality-approaches-to-increasing-disclosure-and-take-up-of-disabled-students-allowance>

Equality Challenge Unit (ECU) (2013a) *Equality in higher education: statistical report 2013. Part 2: students*. London: ECU. Retrieved 17th January, 2014

from: <http://www.ecu.ac.uk/publications/equality-in-higher-education-statistical-report-2013>

Equality Challenge Unit (ECU) (2013b) *Supporting UK higher education institutions in developing the confidence and competence of academic staff around equality and diversity issues in the learning environment*.

London: ECU. Retrieved 8th July, 2013 from: <http://www.HEA.ac.uk/our-projects/academic-competence-in-equality-and-diversity>

Ertl, H. & Wright, S. (2008) Reviewing the literature on the student learning experience in higher education. *London Review of Education*, 6(3), 195-210.

Evans, W. (2013) 'I am not a dyslexic person I'm a person with dyslexia': identity constructions of dyslexia among students in nurse education.

Journal of Advanced Nursing, doi: 10.1111/jan.12199. Retrieved 7th

August, 2013 from:

<http://onlinelibrary.wiley.com/doi/10.1111/jan.12199/pdf>

Feilzer, M.Y. (2010) Doing mixed methods research pragmatically: implications for the rediscovery of pragmatism as a research paradigm. *Journal of Mixed Methods Research*, 4(1), 6-16.

Felsinger, A. & Byford, K. (2010) *Managing reasonable adjustments in higher education*. London: ECU. Retrieved 30th July, 2013 from:

<http://www.ecu.ac.uk/publications/files/managing-reasonable-adjustments-in-higher-education.pdf/view>

Fielder, A.R. (2003) Disability in medical students and doctors. *The Lancet*, 361, 1305-1306.

Finkelstein, V. (2007) *The 'Social Model of Disability' and the Disability Movement*. Leeds: The Disability Press. Retrieved 22nd February, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/finkelstein-The-Social-Model-of-Disability-and-the-Disability-Movement.pdf>

Fitzgerald, M., Gibson, F. & Gunn, K. (2010) Contemporary issues relating to assessment of pre-registration nursing students in practice. *Nurse Education in Practice*, 10, 158-163.

Fletcher, J., Bernard, C., Fairtlough, A. & Ahmet, A. (2013) Beyond equal access to equal outcomes: the role of the institutional culture in promoting full participation, positive inter-group interaction and timely progression for minority social work students. *British Journal of Social Work*, 1-18, doi:10.1093/bjsw/bct081.

Forrester, G., Motteram, G., Parkinson, G., Slaouti, D. (2005) Going the distance: students' experiences of induction to distance learning in higher education. *Journal of Further and Higher Education*, 29(4), 293–306.

Fuller, M. (2008) *Disabled students in higher education: experiences and outcomes*. Teaching and Learning Research Briefing. Retrieved 16th July, 2013 from: <http://www.tlrp.org/pub/documents/Fuller RB 46 FINAL.pdf>

Fuller, M., Bradley, A. & Healey, M. (2004) Incorporating disabled students within an inclusive higher education environment. *Disability & Society*, 19(5), 455-468.

Fuller, M., Georgeson, J., Healey, M., Hurst, A., Kelly, K., Riddell, S., Roberts, H. & Weedon, E. (2009) *Improving disabled students' learning: experiences and outcomes*. London: Routledge.

Fuller, M., Healey, M., Bradley, A. & Hall, T. (2004) Barriers to learning: a systematic study of the experience of disabled students in one university. *Studies in Higher Education*, 29(3), 303-318.

Fuller, M., Healey, M., Hurst, A. Riddell, S. & Wareham, T. (2008) *Enhancing the quality and outcomes of disabled students' learning in higher education*. End of Award Report, RES-139-25-0135. Swindon: ESRC. Retrieved 15th July, 2013 from: <http://www.leeds.ac.uk/educol/documents/190238.pdf>

Furness, S. & Gilligan, P. (2004) Fit for purpose: issues from practice placements, practice teaching and the assessment of students' practice. *Social Work Education: The International Journal*, 23(4), 465-479.

Further and Higher Education Act (1992) London: HMSO. Retrieved 27th June, 2013 from: <http://www.legislation.gov.uk/ukpga/1992/13/contents>

Further and Higher Education (Scotland) Act (1992) London: HMSO. Retrieved 27th June, 2013 from: <http://www.legislation.gov.uk/ukpga/1992/37/contents>

General Medical Council (2008) *Gateways to the Professions*. London: Department for Innovation, Universities and Skills. Retrieved 17th July, 2013 from: http://www.gmc-uk.org/education/undergraduate/gateways_guidance.asp

General Medical Council (2013) *Report of the group leading the review of health and disability in medical education and training*. London: GMC. Retrieved 24th July, 2013 from: <http://www.gmc-uk.org/education/22330.asp>

General Teaching Council for Scotland (GTCS) (2012a) *Code of professionalism and conduct*. Edinburgh: GTCS. Retrieved 3rd August, 2013 from: <http://www.gtcs.org.uk/web/FILES/teacher-regulation/copac-0412.pdf>

General Teaching Council for Scotland (GTCS) (2012b) *The standards for registration: mandatory requirements for registration with the General Teaching Council for Scotland*. Edinburgh: GTCS. Retrieved 6th August, 2013 from: <http://www.gtcs.org.uk/web/FILES/the-standards/standards-for-registration-1212.pdf>

Georgiou, C.R., Espahbodi, S. & De Souza, L.H. (2012) Preparing for the world of work: an exploratory study of disabled students' experiences of work placement. *Journal of Education and Work*, 25(5), 523-536.

Goggin, G.M., & Newell, C.J. (2003) *Digital disability: the social construction of disability in new media*. Maryland: Rowman & Littlefield.

Goode, J. (2007) 'Managing disability': early experiences of university students with disabilities. *Disability & Society*, 22(1), 35-48.

Gorard, S. (2010) Research design, as independent of methods. In A. Tashakkori & C. Teddlie (Eds.) *Handbook of mixed methods in social & behavioral research (2nd Ed.)* (pp. 237-252). Thousand Oaks, CA: Sage. Retrieved 6th September, 2013 from: http://eprints.bham.ac.uk/514/1/Gorard_Handbook_of_Mixed_Methods_2010.pdf

Gravestock, P. & Healey, M. (Eds.) (2001) *Providing learning support for disabled students undertaking fieldwork and related activities: a set of six guides*. Cheltenham: Geography Discipline Network, University of Gloucestershire. Retrieved 12th July, 2013 from: <http://www2.glos.ac.uk/gdn/disabil/>

- Griffiths, L., Worth, P., Scullard, Z. & Gilbert, D. (2010) Supporting disabled students in practice: a tripartite approach. *Nurse Education in Practice*, 10(3), 132-137.
- Griffiths, S. (2012) 'Being dyslexic doesn't make me less of a teacher'. School placement experiences of student teachers with dyslexia: strengths, challenges and a model for support. *Journal of Research in Special Educational Needs*, 12(2), 54-65.
- Gutek, G.L. (1997) *Philosophical and ideological perspectives on education* (2nd Ed.). Needham Heights, MA: Allyn & Bacon. Retrieved 1st September, 2013 from: <http://www.neiu.edu/~circill/F465M.pdf>
- Hall, T. & Healey, M. (2004) *The experience of learning at university by disabled students in geography, earth and environmental sciences and related disciplines*. Cheltenham: Geography Discipline Network. Retrieved 5th March, 2012 from: http://www2.glos.ac.uk/gdn/icp/student_survey.pdf
- Hall, T., Healey, M. & Harrison, M. (2002) Fieldwork and disabled students: discourses of exclusion and inclusion. *Transactions of the Institute of British Geographers*, 27(2), 213-231.
- Hall, J. & Tinklin, T. (1998) *Students first: the experiences of disabled students in higher education*. Glasgow: The Scottish Council for Research in Education. Retrieved 30th July, 2013 from: <http://dspace.gla.ac.uk:8080/bitstream/1905/238/1/085.pdf>
- Hamshire, C., Willgoss, T.G. & Wibberley, C. (2012) 'The placement was probably the tipping point' - the narratives of recently discontinued students. *Nurse Education in Practice*, 12, 182-186.
- Hanafin, J., Shevlin, M., Kenny, M. & McNeela, E. (2007) Including young people with disabilities: assessment challenges in higher education. *Higher Education*, 54, 435-448.

Hansen, E.C. (2006) *Successful qualitative health research. A practical introduction*. Maidenhead: McGraw-Hill.

Hargreaves, J., Dearnley, C., Walker, S. & Walker, L. (2013) The preparation and practice of disabled health care practitioners: exploring the issues. *Innovations in Education and Teaching International*, DOI: 10.1080/14703297.2013.778048

Hargreaves, J. & Walker, L. (2011) *A Risky Business: preparing students for professional practice*. Paper presentations of the 2010 University of Huddersfield Annual Learning and Teaching Conference, (pp. 82-85). Huddersfield: University of Huddersfield. Retrieved 29th July, 2013 from: <http://eprints.hud.ac.uk/9662/>

Hargreaves, J., Walker, L., Golding, B., State, K., Blacktop, J., Fletcher-Cook, P. I., Hickling, K. & Arthurs, D.G. (2009) *Making the transition: disabled students in higher education*. TQEF Project Report. Huddersfield: University of Huddersfield. Retrieved 22nd July, 2013, from: <http://eprints.hud.ac.uk/9822/>

Harpur, P. (2012) From disability to ability: changing the phrasing of the debate. *Disability & Society*, 27(3), 325-337.

Harris, L.R. & Brown, G.T.L. (2010) Mixing interview & questionnaire methods. *Practical Assessment, Research & Evaluation*, 15(1), 1-15. Retrieved 15th September, 2013 from: <http://pareonline.net/getvn.asp?v=15&n=1>

Harrison, M., Hemingway, L., Sheldon, A., Pawson, R. & Barnes, C. (2009) *Evaluation of provision and support for disabled students in higher education*. Report to HEFCE and HEFCW. Leeds: Centre for Disability Studies and School of Sociology and Social Policy, University of Leeds. Retrieved 8th July, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/harrison-HEFCE-report.pdf>

- Harvey, L., Drew, S. & Smith, M. (2006) *The first-year experience: a review of literature for the Higher Education Academy*. York: Higher Education Academy. Retrieved 29th November, 2013 from: http://www.improvingthestudentexperience.com/library/UG_documents/first_year_experience_full_report_Harvey_et_al.pdf
- Healey, M., Fuller, M., Bradley, A. & Hall, T. (2006) Listening to students: the experiences of disabled students of learning at university. In M. Adams & S. Brown (Eds.) *Towards inclusive learning in higher education: developing curricula for disabled students*, (pp.32-43). London: Routledge.
- Healey, M., Jenkins, A., Leach, J. & Roberts, C. (2001) *Issues in providing learning support for disabled students undertaking fieldwork and related activities*. Cheltenham: Geography Discipline Network. Retrieved 8th July, 2013 from: <http://www2.glos.ac.uk/gdn/disabil/overview/overview.pdf>
- Health and Care Professions Council (2012) *How we consider information that applicants or registrants declare. Guidance on health and character*. Retrieved 4th August, 2013 from: <http://www.hpc-uk.org/assets/documents/10003A89Guidanceonhealthandcharacter.pdf>
- Heavens, K. (2006) *Entering the professions: professional registration for students with disabilities*. Issues paper 1/06. Sydney: Counselling and Disability Services, University of Western Sydney. Retrieved 1st April, 2013 from: <http://www.adcet.edu.au/View.aspx?id=5588>
- Helms, L., Jorgensen, J. & Anderson, M.A. (2006) Disability law and nursing education: an update. *Journal of Professional Nursing*, 22(3), 190-196.
- Herrington, M. & Simpson, D. (2002) *Making reasonable adjustments with disabled students in higher education. Staff development materials: case studies and exercises*. Nottingham: University of Nottingham. Retrieved 30th July, 2013 from:

<http://www.nottingham.ac.uk/studentservices/documents/makingreasonableadjustments.pdf>

Higher Education Academy (HEA) (2011) *Developing an inclusive culture in higher education*. York: HEA. Retrieved 16th November, 2012 from:
http://www.heacademy.ac.uk/resources/detail/inclusion/developing_an_inclusive_culture_in_HE

Higher Education Funding Council for England (HEFCE) (1996a) *Access to higher education: students with learning difficulties and disabilities*. Bristol: HEFCE. Retrieved 8th July, 2013 from:
http://webarchive.nationalarchives.gov.uk/20100202100434/http://www.hefce.ac.uk/pubs/hefce/1996/m23_96.htm

Higher Education Funding Council for England (HEFCE) (1996b) *Specification for Disability Statements required from institutions*. Bristol: HEFCE. Retrieved 5th August, 2013 from:
http://webarchive.nationalarchives.gov.uk/20100202100434/http://hefce.ac.uk/pubs/hefce/1996/c8_96.htm

Higher Education Funding Council for England (HEFCE) (1999) *Guidance on base-level provision for disabled students in higher education institutions*. HEFCE Ref 99/04. Bristol: HEFCE. Retrieved 11th November, 2012 from:
<http://dera.ioe.ac.uk/11521/>

Higher Education Funding Council for England (HEFCE) (2000) *Evaluation of the 1996-99 HEFCE/DENI disability special initiative*. Bristol: HEFCE. Retrieved 5th August, 2013 from:
http://webarchive.nationalarchives.gov.uk/20100202100434/http://www.hefce.ac.uk/pubs/hefce/2000/00_46.htm

Higher Education Funding Council for England (HEFCE) (2009) *Outcomes of HEFCE review of its policy as it relates to disabled students*. Bristol:

HEFCE. Retrieved 23rd February, 2013 from:
<http://www.hefce.ac.uk/pubs/year/2009/200949/>

Higher Education Funding Council (HEFCE) (2011) *National Student Survey. Findings and trends 2006 to 2010*. Bristol: HEFCE. Retrieved 3rd July, 2013 from:
http://www.hefce.ac.uk/media/hefce/content/pubs/2011/201111/11_11.pdf

Higher Education Funding Council for England (HEFCE) (2013a) *Higher education and beyond: outcomes from full-time first degree study*. Bristol: HEFCE. Retrieved 21st July, 2013 from:
<http://www.hefce.ac.uk/pubs/year/2013/201315/>

Higher Education Funding Council for England (HEFCE) (2013b) *National Student Survey summary data*. Bristol: HEFCE. Retrieved 19th January, 2014 from:
<http://www.hefce.ac.uk/whatwedo/lt/publicinfo/nationalstudentsurvey/nationalstudentsurveydata/2013/>

Higher Education Statistics Agency (HESA) (2013a) *Table 14 - First year UK domiciled HE students by level of study, gender, mode of study and disability 2011/12*. London: HESA. Retrieved 1st April, 2013 from:
<http://www.hesa.ac.uk/content/view/1897/239/>

Higher Education Statistics Agency (HESA) (2013b) *Table T7 - Participation of students in higher education who are in receipt of Disabled Students' Allowance (DSA): all undergraduates 2011/12*. London: HESA. Retrieved 4th April, 2013 from:
http://www.hesa.ac.uk/index.php?option=com_content&task=view&id=2062&Itemid=141

Higher Education Statistics Agency HESA (2013c) *Table 7 - Qualifications obtained by students on HE courses at HEIs in the UK by gender, subject area and level of qualification obtained 2007/08 to 2011/12*. London:

HESA. Retrieved 27th May, 2013 from:
<http://www.hesa.ac.uk/content/view/1897/239/>

Hill, S. (1994) Student tutors' perceptions of their cognitive and transferable skill development. In H.C. Foot, C.J. Howe, A. Anderson, A.K. Tolmie, D.A. Warden & I. Robertson (Eds.) *Group and interactive learning*. Southampton: Computational Mechanics Publications.

Hill, S., Topping, K.J. & Gay, B. (1998) Peer-assisted learning beyond school. In K.J. Topping & S. Ehly (Eds.) *Peer assisted learning*, (pp.291-311). Mahwah NJ & London UK: Lawrence Erlbaum.

Hockings, C. (2010) *Inclusive learning and teaching in higher education: a synthesis of research*. York: Higher Education Academy. Retrieved 2nd April, 2013 from:
http://www.heacademy.ac.uk/resources/detail/evidencenet/Inclusive_learning_and_teaching_in_higher_education_synthesis

Holloway, S. (2001) The experience of higher education from the perspective of disabled students. *Disability & Society*, 16(4), 597-615.

Hopkins, L. (2011) The path of least resistance: a voice-relational analysis of disabled students' experiences of discrimination in English universities. *International Journal of Inclusive Education*, 15(7), 711-727.

Houghton, A-M. (2006) *Disability effective inclusive policies: student and staff perspectives on experiences throughout the student lifecycle*. Paper presented at the 36th Annual SCUTREA Conference, 4-6 July 2006, Trinity and All Saints College, Leeds. Retrieved 27th June, 2013 from:
<http://www.lancs.ac.uk/fass/projects/reap/projects/deip.htm>

Howell, C., Wickham, C., Byron, M., Bradley, P., Curran, T. & Bheenuck, S. (2005) *Different differences: disability equality teaching in healthcare*

education. A document for action. Bristol: University of Bristol. Retrieved 4th June, 2013 from: <http://www.bris.ac.uk/pip/wordddd.doc>

Hurst, A. (1993) *Steps towards graduation: access to higher education for people with disabilities*. Aldershot: Avebury.

Hurst, A. (1996) Reflecting on researching disability and higher education. In L. Barton (Ed.) *Disability and society: emerging issues and insights*, (pp. 123-143). London: Longman.

Hurst, A. (1999) The Dearing Report and students with disabilities and learning difficulties. *Disability & Society*, 14(1), 65-83.

Hurst, A. (2005) Inclusive learning in higher education: the impact of policy changes. In P. Hartley, A. Woods & M. Pill (Eds.) *Enhancing teaching in higher education: new approaches for improving student learning*, (pp.179-188). London: Routledge.

IBM Corp. (2010) *SPSS statistics for Windows*, version 19.0. Armonk, NY: IBM Corp.

Jacklin, A. (2011) To be or not to be 'a disabled student' in higher education: the case of a postgraduate 'non-declaring' (disabled) student. *Journal of Research in Special Educational Needs*, 11(2), 99–106.

Jacklin, A., Robinson, C., O'Meara, L. & Harris, A. (2007) *Improving the experiences of disabled students in higher education*. York: Higher Education Academy. Retrieved 21st July, 2013 from: <http://www.heacademy.ac.uk/assets/documents/research/jacklin.pdf>

Johnson, R.B. & Onwuegbuzie, A.J. (2004) Mixed methods research: a research paradigm whose time has come. *Educational Researcher*, 33(7), 14-26.

- Johnson, R.B., Onwuegbuzie, A.J. & Turner, L.A. (2007) Towards a definition of mixed methods research. *Journal of Mixed Methods Research*, 1(2), 112-133.
- Kane, A. & Gooding, C. (2009) *Reasonable adjustments in nursing and midwifery: a literature review*. London: Nursing and Midwifery Council. Retrieved 21st July, 2013 from [http://www.nmc-uk.org/Documents/ResearchPapers/Reasonable adjustments literature review.pdf](http://www.nmc-uk.org/Documents/ResearchPapers/Reasonable%20adjustments%20literature%20review.pdf)
- Kay, H. (2001) *Women and men in the professions in Scotland*. Edinburgh: Scottish Executive Central Research Unit. Retrieved 30th July, 2013 from: <http://scotland.gov.uk/Resource/Doc/156776/0042154.pdf>
- Kay, M., Mitchell, G., Clavarino, A. & Doust, J. (2008) Doctors as patients: a systematic review of doctors' health access and the barriers they experience. *British Journal of General Practice*, 58 (552), 501-508. Retrieved 22nd December, 2013 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2441513/>
- Konur, O. (2002) Assessment of disabled students in higher education: current public policy issues. *Assessment & Evaluation in Higher Education*, 27(2), 131-152.
- Konur, O. (2006) Teaching disabled students in higher education. *Teaching in Higher Education*, 11(3), 351-363.
- Last, L. & Fulbrook, P. (2003) Why do student nurses leave? Suggestions from a Delphi Study. *Nurse Education Today*, 23, 449-458.
- Laurence, C. & Marsh, S. (2002) *Patriarchy in the UK: the language of disability*. Retrieved 3rd April, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/Clark-Laurence-language.pdf>

- Leathwood, C. & O'Connell, P. (2003) 'It's a struggle': the construction of the 'new student' in higher education. *Journal of Education Policy*, 18(6), 597-615.
- Leech, N.L. & Onwuegbuzie, A.J. (2009) A typology of mixed methods research designs. *Quality & Quantity: International Journal of Methodology*, 43, 265-275.
- Lefevre, M. (2005) Facilitating practice learning and assessment: the influence of relationship. *Social Work Education: The International Journal*, 24(5), 565-583.
- Levett-Jones, T. & Lathlean, J. (2008) Belongingness: a prerequisite for nursing students' clinical learning. *Nurse Education in Practice*, 8, 103-111.
- Leyser, Y. & Greenberger, L. (2008) College students with disabilities in teacher education: faculty attitudes and practices. *European Journal of Special Needs Education*, 23(3), 237-251.
- Likert, R. (1932) A technique for the measurement of attitudes. *Archives of Psychology*, 22(140), 1-55. Retrieved 7th September, 2013 from: http://www.voteview.com/Likert_1932.pdf
- Lizzio, A., Wilson, K., Simons, R. (2002) University students' perceptions of the learning environment and the academic outcomes: implications for theory and practice. *Studies in Higher Education*, 27, 27-52.
- Llewellyn, A. & Hogan, K. (2000) The use and abuse of models of disability. *Disability & Society*, 15(1), 157-165.
- Lopez-Fernandez, O. & Molina-Azorin, J. (2011) The use of mixed methods research in the field of behavioural sciences. *Quality & Quantity: International Journal of Methodology*, 45(6), 1459-1472.

- Lowe, H. & Cook, A. (2003) Mind the gap: are students prepared for higher education? *Journal of Further and Higher Education*, 27(1), 53-76.
- Lynch, C.D., Ash, P.J. & Chadwick, B.L. (2010) Student perspectives and opinions on their experience at an undergraduate outreach dental teaching centre at Cardiff: a 5-year study. *European Journal of Dental Education*, 14, 12-16.
- Mackelprang, R.W. (2010) Disability controversies: past, present and future. *Journal of Social Work in Disability & Rehabilitation*, 9(2-3), 87-98.
- MacLeod, G. & Cebula, K. R. (2009) Experiences of disabled students in initial teacher education. *Cambridge Journal of Education*, 39(4), 457-472.
- Madriaga, M. (2007) Enduring disablism: students with dyslexia and their pathways into UK higher education and beyond. *Disability & Society*, 22(4), 399-412.
- Madriaga, M., Goodley, D., Hodge, N. & Martin, N. (2008) *Enabling transition into higher education for students with Asperger Syndrome. Project report*. York: Higher Education Academy. Retrieved 29th June, 2013 from: http://shura.shu.ac.uk/1004/1/manuel_madriaga_report.pdf
- Madriaga, M., Hanson, K., Heaton, C., Kay, H., Newitt, S. & Walker, A. (2010) Confronting similar challenges? Disabled and non-disabled students' learning and assessment experiences. *Studies in Higher Education*, 35(6), 647-658.
- Marshall, J., Stojanovik, V. & Ralph, S. (2002) 'I never even gave it a second thought': PGCE students' attitudes towards the inclusion of children with speech and language impairments. *International Journal of Language & Communication Disorders*, 37(4), 475-489.

- Matheson, I. & Morris, P. (2011) *Reflecting on experiences of people with disabilities participating in the Teacher Induction Scheme. Report on survey responses*. Edinburgh: General Teaching Council of Scotland. Retrieved 1st April, 2013 from:
<http://www.gtcs.org.uk/web/FILES/FormUploads/reflecting-on-experiences-people-with-disabilities-in-tis.pdf>
- Matthews, N. (2009) Teaching the 'invisible' disabled students in the classroom: disclosure, inclusion and the social model of disability. *Teaching in Higher Education*, 14(3), 229-239.
- Maxcy, S.J. (2003) Pragmatic threads in mixed methods research in the social sciences: the search for multiple modes of inquiry and the end of the philosophy of formalism. In A. Tashakkori & C. Teddlie (Eds.) *Handbook of mixed methods in social & behavioral research* (1st Ed.), (pp. 51-89). Thousand Oaks, CA: Sage.
- May, H. & Bridger, K. (2010) *Developing and embedding inclusive policy and practice in higher education*. York: Higher Education Academy. Retrieved 12th July, 2013 from:
http://www.heacademy.ac.uk/news/detail/2010/Developing_and_embedding_inclusive_policy_and_practice
- May, H. & Felsinger, A. (2010) *Strategic approaches to disabled student engagement*. York: Higher Education Academy. Retrieved 29th July, 2013 from:
http://www.heacademy.ac.uk/assets/documents/inclusion/disability/Involve_ment_StrategicApproachesFinal.pdf
- May, H. & Thomas, L. (2010) *Embedding equality and diversity in the curriculum. Self-evaluation framework*. York: Higher Education Academy. Retrieved 26th July, 2013 from:
http://www.heacademy.ac.uk/resources/detail/inclusion/embedding_eandd_self_evaluation_framework

- Mercer, S., Dieppe, P., Chambers, R. & MacDonald, R. (2003) Equality for people with disabilities in medicine. *British Medical Journal*, 327, 882-883.
- Mertens, D.M. (2010) *Research and evaluation in education and psychology: integrating diversity with quantitative, qualitative, and mixed methods (3rd Ed.)*. Thousand Oaks, CA: Sage.
- Michail, K. (2010) *Dyslexia: the experiences of university students with dyslexia*. Unpublished PhD thesis. Birmingham: University of Birmingham. Retrieved 25th June, 2013 from: <http://etheses.bham.ac.uk/1055/1/Michail10PhD.pdf>
- Miller, S., Ross, S. & Cleland, J. (2009) Medical students' attitudes towards disability and support for disability in medicine. *Medical Teacher*, 31, 272–277. Retrieved 17th July, 2013 from: <http://informahealthcare.com/doi/abs/10.1080/01421590802516814>
- Morgan, D.L. (2007) Paradigms lost and pragmatism regained: methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, 1, 48-76.
- Morgan, H. (2012) The social model of disability as a threshold concept: troublesome knowledge and liminal spaces. *Social Work Education: The International Journal*, 31(2), 215-226.
- Morgan, H. & Houghton, A-M. (2011) *Inclusive curriculum design in higher education. Considerations for effective practice across and within subject areas*. York: Higher Education Academy. Retrieved 26th July, 2013 from: http://www.heacademy.ac.uk/assets/documents/inclusion/disability/ICD_introduction.pdf
- Morris, D.K. & Turnbull, P.A. (2006) Clinical experiences of students with dyslexia. *Journal of Advanced Nursing*, 54(2), 238-247.

Morris, D.K. & Turnbull, P.A. (2007) The disclosure of dyslexia in clinical practice: experiences of student nurses in the United Kingdom. *Nurse Education Today*, 27, 35-42.

Morris, J. (2011) *Rethinking disability policy*. York: Joseph Rowntree Foundation. Retrieved 30th July, 2013 from:
<http://www.jrf.org.uk/sites/files/jrf/disability-policy-equality-summary.pdf>

Mortimore, T. (2013) Dyslexia in higher education: creating a fully inclusive institution. *Journal of Research in Special Educational Needs*, 13(1), 38-47.

Mullen, F. (2010) *Widening access to higher education: policy in Scotland*. SPICe Briefing. Edinburgh: Scottish Parliament. Retrieved 6th July, 2013 from: [http://www.scottish.parliament.uk/Research briefings and fact sheets/SB10-09.pdf](http://www.scottish.parliament.uk/Research%20briefings%20and%20fact%20sheets/SB10-09.pdf)

Mundia, L. (2010) The status of a trainee teacher with mental-health problems: dilemmas on inclusion and exclusion in higher education. *Global Journal of Health Science*, 2(2), 172-183.

National College for Teaching and Leadership (NCTL) (2013) *ITT criteria. Supporting advice*. London: NCTL. Retrieved 5th August, 2013 from:
<https://www.gov.uk/government/publications/initial-teacher-training-itt-criteria-supporting-advice>

National Committee of Inquiry into Higher Education (1997) *Higher education in the learning society*. Retrieved 31st July, 2013 from:
<http://www.leeds.ac.uk/educol/ncihe/>

National Union of Students (NUS) (2012a) *Student experience research 2012: part 1 - teaching and learning*. London: NUS. Retrieved 26th July, 2013 from:

<http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/Student-Experience-Research-2012-Part-1.pdf>

National Union of Students (NUS) (2012b) *Student experience research 2012: part 4 - first year student experience*. London: NUS. Retrieved 26th July, 2013 from:
<http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/Student-Experience-Research-2012-Part-4.pdf>

Nursing and Midwifery Council (NWC) (2010) *Good health and good character: guidance for approved education institutions*. London: NWC. Retrieved 4th August, 2013 from: <http://www.nmc-uk.org/Documents/Guidance/nmcGood-HealthAndGoodCharacterGuidanceForApprovedEducationInstitutions.PDF>

Oliver, M. (1983) *Social work with disabled people*. Basingstoke: Macmillan.

Oliver, M. (1990a) *The individual and social models of disability*. Paper presented at Joint Workshop of the Living Options Group and the Research Unit of the Royal College of Physicians. Retrieved 22nd February, 2013 from:
<http://disability-studies.leeds.ac.uk/files/library/Oliver-in-soc-dis.pdf>

Oliver, M. (1990b) *The politics of disablement*. Basingstoke: Macmillan.

Oliver, M. (1992) Changing the social relations of research production? *Disability, Handicap & Society*, 7(2), 101-114.

Oliver, M. (1996) Defining impairment and disability: issues at stake. In C. Barnes & G. Mercer (Eds.) *Exploring the divide: illness and disability*, (pp.29-54). Leeds: The Disability Press. Retrieved 29th November 2013, from: <http://disability-studies.leeds.ac.uk/files/library/Oliver-exploring-divide-ch3.pdf>

- Oliver, M. (1997) Emancipatory research: realistic goal or impossible dream? In C. Barnes & G. Mercer (Eds.) *Doing disability research*, (pp.15-31). Leeds: The Disability Press. Retrieved 28th December, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/Barnes-Chapter-2.pdf>
- Oliver, M. (1998) Theories of disability in health practice and research. *British Medical Journal*, 317, 1446-1449.
- Oliver, M. (2013) The social model of disability: thirty years on. *Disability & Society*, 28(7), 1024-1026.
- Olney, M.F. & Brockelman, K.F. (2003) Out of the disability closet: strategic use of perception management by select university students with disabilities. *Disability & Society*, 18(1), 35-50.
- Onwuegbuzie, A.J. & Leech, N.L. (2005) On becoming a pragmatic researcher: the importance of combining quantitative and qualitative research methodologies. *International Journal of Social Research Methodology*, 8(5), 375-387.
- Oppenheim, A.N. (2000) *Questionnaire design, interviewing and attitude measurement*. London: Pinter Publishers.
- Palmer, M. & Harley, D. (2012) Models and measurement in disability: an international review. *Health Policy and Planning*, 27, 357-364.
- Parker, J. (2007) Developing effective practice learning for tomorrow's social workers. *Social Work Education: The International Journal*, 26(8), 763-779.
- Parker, V. (1997) The Disability Discrimination Act 1995, disability statements and the effect on higher education for students with special needs in England. *Research in Post-Compulsory Education*, 2(1), 89-101.

Parker, V. (1998) UK initiatives to promote inclusion in higher education for students with disabilities. *European Journal of Special Needs Education*, 13(2), 189-199.

Partson, M.P. (2010) *Disability and professional identity: negotiated change for fitness to practice in the workplace*. Hull: University of Hull. Retrieved 22nd July, 2013 from:
http://www.academia.edu/1389463/Disability_and_professional_identity_Negotiated_change_for_fitness_to_practice_in_the_workplace

Piggot, L. & Houghton, A-M. (2007) Transition experiences of disabled young people. *International Journal of Lifelong Education*, 26(5), 573-587.

Prowse, S. (2009) Institutional construction of disabled students. *Journal of Higher Education Policy and Management*, 31(1), 89-96.

Pumfrey, P. (2008) Moving towards inclusion? The first-degree results of students with and without disabilities in higher education in the UK: 1998–2005. *European Journal of Special Needs Education*, 23(1), 31-46.

Quality Assurance Agency for Higher Education (QAA) (2009) *Outcomes from institutional audit: institutions' support for students with disabilities 2002-06*. London: QAA. Retrieved 27th June, 2013 from:
<http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/Studentswithdisabilities.pdf>

Quality Assurance Agency for Higher Education (QAA) (2010) *Code of practice for the assurance of academic quality and standards in higher education. Section 3: disabled students*. London: QAA. Retrieved 8th November, 2012 from:
<http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Code-of-practice-Section-3.aspx>

Quality Assurance Agency for Higher Education (QAA) (2012a) *Enhancement-led institutional review: handbook third edition*. London: QAA. Retrieved 5th April, 2013 from:

<http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/ELIR-handbook-3.aspx>

Quality Assurance Agency for Higher Education (QAA) (2012b) *UK Quality Code for higher education. Part B: assuring and enhancing academic quality. Chapter B3: learning and teaching*. London: QAA. Retrieved 5th August, 2013 from:

<http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/B3.pdf>

Ramsden, P. (2008) The future of higher education teaching and the student experience. London: BIS. Retrieved 28th December, 2013 from:

<http://www.bis.gov.uk/policies/teaching-student-experience>

Rankin, E.R., Nayda, R., Cocks, S. & Smith, M. (2010) Students with disabilities and clinical placement: understanding the perspective of healthcare organisations. *International Journal of Inclusive Education*, 14(5), 533-542.

Raven, P.W., Griffin, A.E. & Hinson, J.P. (2008) Supporting students with disabilities using a 'student support card' scheme. *Medical Education*, 42(11), 1142-1143.

Reay, D., Crozier, G. & Clayton, J. (2010) 'Fitting in' or 'standing out': working-class students in UK higher education. *British Educational Research Journal*, 36(1), 107-124.

Rhodes, P., Nocon, A., Small, N. & Wright, J. (2008) Disability and identity: the challenge of epilepsy. *Disability & Society*, 23(4), 385-395.

- Richardson, J.T.E. (2005) Instruments for obtaining student feedback: a review of the literature. *Assessment and Evaluation in Higher Education*, 30(4), 387-415.
- Richardson, J.T.E. (2009a) The academic attainment of students with disabilities in UK higher education. *Studies in Higher Education*, 34(2), 123-137.
- Richardson, J.T.E (2009b) The attainment and experiences of disabled students in distance education. *Distance Education*, 30(1), 87-102.
- Richardson, J.T.E. (2010) Widening participation without widening attainment: the case of ethnic minority students. *Psychology Teaching Review*, 16(1), 37-45.
- Richardson, J.T.E. (2013) The National Student Survey and its impact on UK higher education. In M. Shah & C.S. Nair (Eds.) *Enhancing student feedback and improvement systems in tertiary education*, (pp. 76-84). CAA Quality Series No. 5. Abu Dhabi: Commission for Academic Accreditation. Retrieved 3rd January, 2014 from: https://www.caa.ae/caa/images/QASeries_5.pdf
- Richardson, M. (1997) Addressing barriers: disabled rights and the implications for nursing of the social construct of disability. *Journal of Advanced Nursing*, 25(6), 1269–1275.
- Richter, P., Walsh, S. & Wilson, R. (2010) *The student as confused customer?: competing models of the Higher Education 'student experience' (0231)* . UK: SRHE. Retrieved 30th July, 2013 from: <http://www.srhe.ac.uk/conference2010/abstracts/0231.pdf>
- Rickinson, M. (2010) *Disability equality in higher education: a synthesis of research*. York: Higher Education Academy. Retrieved 29th July, 2013 from:

http://www.heacademy.ac.uk/resources/detail/evidencenet/disability_equality_synthesis

Riddell, S. (1998) Chipping away at the mountain: disabled students' experience of higher education. *International Studies in Sociology of Education*, 8 (2), 203-222.

Riddell, S., Tinklin T. & Wilson A. (2003) *Disabled students and multiple policy innovations in higher education. Final report to ESRC*. Edinburgh: University of Edinburgh. Retrieved 30th July, 2013 from: [http://www.ces.ed.ac.uk/PDF Files/Disability_Report.pdf](http://www.ces.ed.ac.uk/PDF%20Files/Disability_Report.pdf)

Riddell, S., Tinklin, T. & Wilson, A. (2004) Disabled students in higher education: a reflection on research strategies and findings. In C. Barnes & G. Mercer (Eds.) *Disability policy and practice: applying the social model*. Leeds: The Disability Press. Retrieved 29th July, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/riddell-policy-and-practice-6.pdf>

Riddell, S., Tinklin, T. & Wilson, A. (2005) New Labour, social justice and disabled students in higher education. *British Educational Research Journal*, 31(5), 623-643.

Riddell, S. & Weedon, E. (2006) What counts as a reasonable adjustment? Dyslexic students and the concept of fair assessment. *International Studies in Sociology of Education*, 16(1), 57-73.

Riddell, S. & Weedon, E. (2013) Disabled students in higher education: discourses of disability and the negotiation of identity. *International Journal of Educational Research*, 63, 38-46.

Riddell, S., Weedon, E., Fuller, M., Healey, M., Kelly, K., Georgeson, J., Hurst, A. & Peelo, M. (2007a) *Discourses of disability, the idea of fitness to practise and the negotiation of identity*. Paper presented at the British

Educational Research Association Annual Conference, Institute of Education, University of London, 5-8 September 2007. Retrieved 16th July, 2013 from:
http://www.docs.hss.ed.ac.uk/education/creid/NewsEvents/09iii_BERASeminar07_paper_sr.pdf

Riddell, S., Weedon, E., Fuller, M., Healey, M., Hurst, A., Kelly, K. & Piggott, L. (2007b) Managerialism and equalities: tensions within widening access policy and practice for disabled students in UK universities. *Higher Education*, 54, 615-628.

Riddell, S., Wilson A. & Tinklin T. (2002) Disability and the wider access agenda: supporting disabled students in different institutional contexts. *Widening Participation and Lifelong Learning*, 4, 13-25.

Riddick, B. (2000) An examination of the relationship between labelling and stigmatisation with special reference to dyslexia. *Disability & Society*, 15(4), 653-667.

Riddick, B. (2003) Experiences of teachers and trainee teachers who are dyslexic. *International Journal of Inclusive Education*, 7(4), 389-402.

Riddick, B. & English, E. (2006) Meeting the standards? Dyslexic students and the selection process for initial teacher training. *European Journal of Teacher Education*, 29(2), 203-222.

Roberts, H. (2009) Listening to disabled students on teaching, learning and reasonable adjustments. In M. Fuller, J. Georgeson, M. Healey, A. Hurst, K. Kelly, S. Riddell, H. Roberts, & E. Weedon (Eds.) *Improving disabled students' learning: experiences and outcomes*, (pp. 38-59). London: Routledge.

Roberts, T.E., Butler, A. & Boursicot, K.A.M. (2004) *Disabled students – disabled doctors – time for a change? A study of different societal views of*

disabled people's inclusion to the study and practice of medicine. Learning and Teaching Support Network Subject Centre for Medicine, Dentistry and Veterinary Medicine. York: Higher Education Academy. Retrieved 1st April, 2013 from:

http://www.heacademy.ac.uk/resources/detail/subjects/medev/Special_report_4_-_Disabled_students-_disabled_doctors-_time_for_a_c

Roberts H., Georgeson J. & Kelly K. (2009) Identity works: ways of being a disabled student in higher education. In M. Fuller, J. Georgeson, M. Healey, A. Hurst, K. Kelly, S. Riddell, H. Roberts, & E. Weedon (Eds.) *Improving disabled students' learning: experiences and outcomes*, (pp. 96-113). London: Routledge.

Robertson, D. & Hillman, J. (1997) *Widening participation in higher education for students from lower socio-economic groups and students with disabilities*. Report 6 of the National Committee of Enquiry into Higher Education. Retrieved 30th July, 2013 from:
<http://www.leeds.ac.uk/educol/ncihe/>

Robson, C. (2013) *Real world research. A resource for users of social research methods in applied settings (3rd Ed.)*. Chichester: John Wiley & Sons Ltd.

Robson, K. (2005) Assessment – the final frontier – just how valid, reliable and fair are assessments of disabled students? In the Quality Assurance Agency's (QAA) *Enhancing practice: reflections on assessment, Vol.II*, (pp. 84-90). Gloucester: Quality Assurance Agency. Retrieved 17th July, 2013 from:
<http://www.enhancementthemes.ac.uk/docs/publications/reflections-on-assessment-volume-ii.pdf>

Rose, C. (2006) *Do you have a disability – yes or no? or is there a better way of asking? Guidance on disability disclosure and respecting confidentiality*. London: Learning and Skills Development Agency. Retrieved 2nd April, 2013 from: <http://www.tagdisability.org/tag/disclosure>

- Roulstone, A. (2004) Disability, employment and the social model. In C. Barnes & G. Mercer (Eds.) *Disability policy and practice: applying the social model*, (pp.18-34). Leeds: The Disability Press. Retrieved 29th July, 2013 from: <http://disability-studies.leeds.ac.uk/files/library/roulstone-policy-and-practice-2.pdf>
- Ruebain, D., Honigmann, J., Mountfield, H. & Parker, C. (2006) *Analysis of the statutory and regulatory frameworks and cases relating to fitness standards in nursing, social work and teaching*. London: DRC. Retrieved 29th July, 2013 from: <http://www.equalityhumanrights.com/advice-and-guidance/before-the-equality-act/guidance-for-education-providers-pre-october-2010/maintaining-standards-promoting-disability-equality/>
- Ryan, G., Toohey, S. & Hughes, C. (1996) The purpose, value and structure of the practicum in higher education: a literature review. *Higher Education*, 31(3), 355-377.
- Ryan, J. & Struhs, J. (2004) University education for all? Barriers to full inclusion of students with disabilities in Australian universities. *International Journal of Inclusive Education*, 8(1), 73-90.
- Sahin, H. & Akyol, A.D. (2010) Evaluation of nursing and medical students' attitudes towards people with disabilities. *Journal of Clinical Nursing*, 19, 2271-2279.
- Sale, J.E.M., Lohfeld, L.H. & Brazil, K. (2002) Revisiting the quantitative-qualitative debate: implications for mixed-methods research. *Quality & Quantity*, 36, 43-53.
- Sanderson, A. (2001) Disabled students in transition: a tale of two sectors' failure to communicate. *Journal of Further and Higher Education*, 25(2), 227-240.

Sanderson-Mann, J. & McCandless, F. (2006) Understanding dyslexia and nurse education in the clinical setting. *Nurse Education in Practice*, 6, 127–133.

Sapey, B., Turner, R. & Orton, S. (2004) *Access to practice: overcoming the barriers to practice learning for disabled social work students*. Social Work and Social Policy Subject Centre of the Higher Education Academy. York: Higher Education Academy. Retrieved 21st July, 2013 from: www.swap.ac.uk/docs/Accessstopractice.pdf

Sax, L.J., Gilmartin, S.K., Lee, J.J. & Serra Hagedorn, L. (2008) Using web surveys to reach community college students: an analysis of response rates and response bias. *Community College Journal of Research and Practice*, 32(9), 712-729.

Scambler, S., Low, E., Zoiopoulos, L. & Gallagher, J.E. (2011) Professional attitudes towards disability in special care dentistry. *Journal of Disability and Oral Health*, 12(2), 51-58.

SCIPS Project (2004) *Strategies for Creating Inclusive Programmes of Study*. Retrieved 29th July, 2013 from: <http://www.scips.worc.ac.uk/>

Scottish Executive (2004) *Medical standards consultation*. Edinburgh: Scottish Executive. Retrieved 4th August, 2013 from: <http://www.scotland.gov.uk/Resource/Doc/47210/0029959.pdf>

Scottish Funding Council (SFC) (2007) *Widening access premiums for HEIs: consultation outcome and recommendations*. Edinburgh: SFC. Retrieved 5th August, 2013 from: http://www.webarchive.org.uk/wayback/archive/20090411223755/http://www.sfc.ac.uk/about/new_about_council_papers/about_papers_23feb07/paper_sfc0740.pdf

Scottish Government (2005) *Toolkit of quality indicators for needs assessments*.
Edinburgh: Scottish Government. Retrieved 10th July, 2013 from:
<http://www.scotland.gov.uk/Publications/2005/04/0195400/54013>

Scottish Government (2009) *Partnership matters: a guide to local authorities, NHS boards and voluntary organisations on supporting students with additional needs in colleges and universities in Scotland*. Edinburgh:
Scottish Government. Retrieved 29th June, 2013 from:
<http://www.scotland.gov.uk/Publications/2009/05/08155445/0>

Scottish Government (2011) *Putting learners at the centre: delivering our ambitions for post-16 education*. Edinburgh: Scottish Government.
Retrieved 3rd August, 2013 from:
<http://www.scotland.gov.uk/Resource/Doc/357943/0120971.pdf>

Scottish Government (2013a) *Consultation on the Disabled Students Allowance*. Higher Education and Learner Support Division. Edinburgh:
Scottish Government. Retrieved 5th August, 2013 from:
<http://www.scotland.gov.uk/Resource/0042/00426489.pdf>

Scottish Government (2013b) *Toolkit of quality indicators for needs assessments – guidance*. Edinburgh: Scottish Government. Retrieved 10th July, 2013 from:
<http://www.scotland.gov.uk/Topics/Education/UniversitiesColleges/16640/stakeholdergroups/ToolkitGuidance>

Scottish Higher Education Funding Council (SHEFC) (1996a) *Council initiatives in support of students with disabilities: evaluation*. Circular Letter HE/9/96.
Retrieved 11th November, 2012 from: the Scottish Funding Council Archives on the UK Web Archive site:
<http://www.webarchive.org.uk/ukwa/target/129913/source/alpha>

Scottish Higher Education Funding Council (SHEFC) (1996b) *Disability Discrimination Act 1995: request for Disability Statements*. Circular Letter

HE/47/96. Retrieved 11th November, 2012 from: the Scottish Funding Council Archives on the UK Web Archive site:

<http://www.webarchive.org.uk/ukwa/target/129913/source/alpha>

Scottish Higher Education Funding Council (SHEFC) (2000) *Disability needs analysis*. Circular Letter HE/11/00. Retrieved 6th July, 2013 from: the Scottish Funding Council Archives on the UK Web Archive site:

<http://www.webarchive.org.uk/wayback/archive/20060711120000/http://www.sfc.ac.uk/library/11854fc203db2fbd000000ed5d1cd21d/he1100.html>

Shakespeare, T. (1996) Disability, identity and difference. In C. Barnes & G. Mercer (Eds.) *Exploring the divide: illness and disability*, (pp.94-113).

Leeds: The Disability Press. Retrieved 29th July, 2013 from:

<http://disability-studies.leeds.ac.uk/files/library/Shakespeare-Chap6.pdf>

Shakespeare, T. (2006) *Disability rights and wrongs*. London: Routledge.

Shakespeare, T., Iezzoni, L.I. & Groce, N.E. (2009) Disability and the training of health professionals. *The Lancet*, 374, 1815-1816.

Shakespeare, T. & Watson, N. (1997) Defending the social model. *Disability & Society*, 12(2), 293-300.

Shakespeare, T. & Watson, N. (2002) The social model of disability: an outdated ideology? *Research in Social Science and Disability*, 2, 9-28.

Shaw, D. & Hughes, S. (2006) *It's not as simple as you think: cultural viewpoints around disability*. National Institute of Adult Continuing Education (NIACE). Nottingham: Department for Education and Skills. Retrieved 2nd April, 2013 from:

<http://archive.excellencegateway.org.uk/page.aspx?o=163901>

Sheldon, A. (1999) Personal and perplexing: feminist disability policies evaluated. *Disability & Society*, 14(5), 643-657.

- Shevlin, M., Kenny, M. & McNeela, E. (2004) Participation in higher education for students with disabilities: an Irish perspective. *Disability & Society*, 19(1), 15-30.
- Shuttleworth, R. & Kasnitz, D. (2005) The cultural context of disability. In G. Albrecht (Ed.), *Encyclopedia of disability*, Vol. 1, (pp.330-6). Thousand Oaks: Sage.
- Siegel, S. & Castellan, N.J. (1988) *Non parametric statistics for the behavioural sciences*. Singapore: McGraw-Hill.
- Simkiss, D. (2008) The International Classification of Functioning Disability and Health. *Journal of Tropical Pediatrics*, 54(3), 149-150. Retrieved 13th May, 2012 from: <http://tropej.oxfordjournals.org/content/54/3/149.full>
- Simons, M. (2010) A procedure for providing advice and support for nurses with a disability. *British Journal of Nursing*, 19(11), 712-715.
- Simpson, A. (2001) *Disability needs analysis. Executive summary of the report to SHEFC on access to the curriculum for students with disabilities*. Edinburgh: SHEFC. Retrieved 6th August, 2013 from: http://www.webarchive.org.uk/wayback/archive/20090412000612/http://www.sfc.ac.uk/information/info_circulars/sfefc/2002/fe1602/Teachability_Executive_Summary.pdf
- Sin, C.H. (2009) Medicalising disability? Regulation and practice around fitness assessment of disabled students and professionals in nursing, social work and teaching professions in Great Britain. *Disability and Rehabilitation*, 31(18), 1520-1528.
- Sin, C.H. & Fong, J. (2007) The interpretation and implementation of regulatory fitness requirements. *British Journal of Nursing*, 16(22), 1423-1427.

Sin, C.H. & Fong, J. (2008) 'Do no harm'? Professional regulation of disabled nursing students and nurses in Great Britain. *Journal of Advanced Nursing*, 62(6), 642-652.

Sin, C.H., Fong, J., Momin, A. & Forbes, V. (2007) *The Disability Rights Commission's formal investigation into fitness standards in social work, nursing and teaching professions: report on the call for evidence*.

Retrieved 17th July, 2013 from:

<http://www.equalityhumanrights.com/advice-and-guidance/before-the-equality-act/guidance-for-education-providers-pre-october-2010/maintaining-standards-promoting-disability-equality/>

Singh, R. (1990) Ethnic minority experience in higher education. *Higher Education Quarterly*, 44(4), 344-359.

Smith, W.G. (2008) *Does gender influence online survey participation? A record-linkage analysis of university faculty online survey response behavior*. Retrieved 27th May, 2013 from:

<http://www.eric.ed.gov/PDFS/ED501717.pdf>

Smith, M., Lennon, M.A., Brook, A.H., Ritucci, L. & Robinson, P.G. (2006) Student perspectives on their recent dental outreach placement experiences. *European Journal of Dental Education*, 10, 80-86.

Sonocent Ltd. (2009) *Audio Notetaker*, version 2.5. Leeds: Sonocent Ltd.

Soorenian, A. (2008) The significance of studying disabled international students' experiences in English universities. In T. Campbell, F. Fontes, L. Hemingway, A. Soorenian & C. Till (Eds.) *Disability studies: emerging insights and perspectives*, (pp.108–125). Leeds: The Disability Press.

Special Educational Needs and Disability Act (SENDA) (2001) London: HMSO.

Retrieved 16th March, 2011 from:

<http://www.legislation.gov.uk/ukpga/2001/10/contents>

- Srivastava, P. & Hopwood, N. (2009) A practical iterative framework for qualitative data analysis. *International Journal of Qualitative Methods*, 8(1), 76-84.
- Stanley, N., Manthorpe, & White, M. (2007) Depression in the profession: social workers' experiences and perceptions. *British Journal of Social Work*, 37, 281-298.
- Stanley, N., Ridley, J. Harris, J. & Manthorpe, J. (2011) Disclosing disability in the context of professional regulation: a qualitative UK study. *Disability & Society*, 26(1), 19-32.
- Stanley, N., Ridley, J., Manthorpe, J., Harris, J. & Hurst, A. (2007) *Disclosing disability: disabled students and practitioners in social work, nursing and teaching. A research study to inform the Disability Rights Commission's formal investigation into fitness standards*. Social Care Workforce Research Unit, Preston: University of Central Lancashire. Retrieved 24th July, 2013 from:
<http://www.equalityhumanrights.com/advice-and-guidance/before-the-equality-act/guidance-for-education-providers-pre-october-2010/maintaining-standards-promoting-disability-equality/>
- Stanton, J. & Randal, P. (2011) Doctors accessing mental-health services: an exploratory study. *BMJ Open*. doi:10.1136/bmjopen-2010-000017.
Retrieved 18th December, 2013 from bmjopen.bmj.com
- Storr, H., Wray, J. & Draper, P. (2011) Supporting disabled student nurses from registration to qualification: a review of the United Kingdom (UK) literature. *Nurse Education Today*, 31, 29-33.
- Subject Centre for Social Policy and Social Work (SWAP) (2010) *Selection and admission of students for social work education: key issues and debates in relation to practice and policy in England*. Southampton: University of

Southampton. Retrieved 16th December, 2013 from:
http://www.swap.ac.uk/docs/projects/admissions_rpt.pdf

Supporting Professionalism in Admissions (SPA) (2011) *SPA recommendations on good practice in the consideration of support needs within the admissions process to higher education for applicants with disabilities*. Cheltenham: SPA. Retrieved 29th July, 2013 from:
<http://www.spa.ac.uk/support/goodpractice/equality/considerationofsuppo>

Surridge, P. (2008) *The National Student Survey 2005-2007: findings and trends*. Bristol: HEFCE. Retrieved 2nd August, 2013 from:
<http://www.hefce.ac.uk/data/year/2008/thenationalstudentsurvey2005-2007findingsandtrends/>

Swann, A. (2007) *Current practice in pre-entry fitness assessments and the support of students with disabilities in UK medical schools. Report prepared for the Medical Schools Council*. Retrieved, 2nd August, 2013 from: http://www.heops.org.uk/Fitness_to_practise.pdf

Symonds, J.E. & Gorard, S. (2010) Death of mixed methods?: or the rebirth of research as a craft. *Evaluation and Research in Education*, 236(2), 121-136. Retrieved 4th September, 2013 from: <http://eprints.bham.ac.uk/526/>

Tashakkori, A. & Teddlie, C. (2010) *Handbook of mixed methods in social & behavioral research*. Thousand Oaks, CA: Sage.

Teachability (2000) *Creating an accessible curriculum for students with disabilities*, Edinburgh: Scottish Higher Education Funding Council. Retrieved 27th June, 2013 from: <http://www.teachability.strath.ac.uk/>

Teddlie, C. & Tashakkori, A. (2009) *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioural sciences*. Thousand Oaks, CA: Sage.

- Teddlie, C. & Tashakkori, A. (2010) Overview of contemporary issues in mixed methods research. In A. Tashakkori & C. Teddlie (Eds.) *Handbook of mixed methods in social & behavioral research (2nd Ed.)*, (pp.1-41). Thousand Oaks, CA: Sage. Retrieved 2nd September, 2013 from: http://www.sagepub.com/upm-data/34743_Chapter1.pdf
- Tee, S.R. & Cowen, M. (2012) Supporting students with disabilities - promoting understanding amongst mentors in practice. *Nurse Education in Practice*, 12, 6-10.
- Tee, S.R., Owens, K., Plowright, S., Ramnath, P., Rourke, S., James, C. & Bayliss, J. (2010) Being reasonable: supporting disabled nursing students in practice. *Nurse Education in Practice*, 10, 216-221.
- Tervo, R.C. & Palmer, G. (2004) Health professional student attitudes towards people with disability. *Clinical Rehabilitation*, 18, 908-915.
- Tett, L., Hounsell, J., Christie, H., Cree, V.E. & McCune, V. (2012) Learning from feedback? Mature students' experiences of assessment in higher education. *Research in Post-Compulsory Education*, 17(2), 247-260.
- Thomas, C. (2004) How is disability understood? An examination of sociological approaches. *Disability & Society*, 19(6), 569-583.
- Thomas, C. (2008) Disability: getting it "right". *Journal of Medical Ethics*, 34, 15-17.
- Thomas, L. & May, H. (2010) *Inclusive learning and teaching in higher education*. York: Higher Education Academy. Retrieved 26th July, 2013 from: http://www.heacademy.ac.uk/assets/documents/inclusion/InclusiveLearningandTeaching_FinalReport.pdf

- Tinklin, T. & Hall, J. (1999) Getting round obstacles: disabled students' experiences in higher education in Scotland. *Studies in Higher Education*, 24(2), 183-194.
- Tinklin, T., Riddell, S. & Wilson, A. (2004a) *Disabled students in higher education*. Centre for Educational Sociology. Edinburgh: University of Edinburgh. Retrieved 1st April, 2013 from: <http://www.ces.ed.ac.uk/PDF/Files/Brief032.pdf>
- Tinklin, T., Riddell, S. & Wilson, A. (2004b) Policy and provision for disabled students in higher education in Scotland and England: the current state of play. *Studies in Higher Education*, 29(5), 637-657.
- Tomlinson, J. (1996) *Inclusive learning. Principles and recommendations: a summary of the findings of the Learning Difficulties and/or Disabilities Committee*. Coventry: Further Education Funding Council. Retrieved 10th July, 2013 from: http://dera.ioe.ac.uk/15072/1/inclusive_learning-summary.pdf
- Tomlinson, J. (1997) Inclusive learning: the report of the Committee of Enquiry into the postschool education of those with learning difficulties and/or disabilities, in England. *European Journal of Special Needs Education*, 12(3), 184-196.
- Tynan, A. (2003) *Pushing the boat out*. Learning and Teaching Support Network Subject Centre for Medicine, Dentistry and Veterinary Medicine. York: Higher Education Academy. Retrieved 1st April, 2013 from: http://www.heacademy.ac.uk/resources/detail/subjects/medev/Special_report-Pushing_the_Boat_Out
- Tynan, A. (2004) *The sequel to pushing the boat out*. Learning and Teaching Support Network Subject Centre for Medicine, Dentistry and Veterinary Medicine. York: Higher Education Academy. Retrieved 1st April, 2013

from: http://www.heacademy.ac.uk/resources/detail/subjects/medev/LTSN-01_in_action-_The_Sequel_A_follow-up_to_Pushing_The_Boat_Out

Universities and Colleges Admissions Service (UCAS) (2013) *Applicant and accepted applicants by reported disability*. Retrieved 2nd April, 2013 from: http://www.ucas.ac.uk/about_us/stat_services/stats_online/data_tables/disability

Universities Scotland (2012) *Delivering for Scotland: university outcome agreements 2012-13*. Edinburgh: Universities Scotland. Retrieved 3rd July, 2013 from: <http://www.universities-scotland.ac.uk/uploads/OutcomeAgreementsSummary-final.pdf>

Valle, J.W., Solis, S., Volpitta, D. & Connor, D.J. (2004) The disability closet: teachers with learning disabilities evaluate the risks and benefits of “coming out”. *Equity & Excellence in Education*, 37(1), 4-17.

Van de Mortel, T.F. (2008) Faking it: social desirability response bias in self-report research. *Australian Journal of Advanced Nursing*, 25(4), 40-48.

Vellani, F. (2013) *Understanding disability discrimination law through geography*. Farnham: Ashgate.

Verbrugge, L.M. & Jette, A.M. (1994) The disablement process. *Social Science and Medicine*, 38 (1), 1-14.

Vickerman, P. & Blundell, M. (2010) Hearing the voices of disabled students in higher education. *Disability & Society*, 25(1), 21-32.

Walker, S., Dearnley, C., Hargreaves, J. & Walker, E.A. (2013) Risk, fitness to practice, and disabled health care students. *Journal of Psychological Issues in Organizational Culture*, 3, 50-63.

Waterfield, J. & West, B. (2007) Towards inclusive assessments in higher education. *Learning and Teaching in Higher Education*, 3, 97-102.

Retrieved 12th July, 2013 from:

[http://insight.glos.ac.uk/tli/resources/lathe/Documents/issue 3/case studies/west.pdf](http://insight.glos.ac.uk/tli/resources/lathe/Documents/issue%203/case%20studies/west.pdf)

Waterfield, J., West, B. & Parker, M. (2006) Supporting inclusive practice: developing an assessment toolkit. In M. Adams & S. Brown (Eds.)

Towards inclusive learning in higher education: developing curricula for disabled students, (pp.79-94). London: Routledge.

Watson, N. (2002) Well, I know this is going to sound very strange to you, but I don't see myself as a disabled person: identity and disability. *Disability & Society*, 17(5), 509-527.

Webber, M., Lynch, A. & Oluku, J. (2013) Enhancing student engagement in student experience surveys: a mixed methods study. *Educational Research*, 55(1), 71-86.

Weedon, E. & Fuller, M. (2004) *What is it like for you? Surveying the learning experiences of disabled students in four HE institutions*. York: Higher

Education Academy. Retrieved 25th June, 2013 from:

http://www.heacademy.ac.uk/resources/detail/inclusion/Disability/What_is_it_like_for_you

Weedon, E. & Riddell, S. (2007) *Transitions into and out of higher education: the experiences of 'disabled' students*. Paper presented at the 4th Centre

for Research in Lifelong Learning (CRLL) International Conference, June 2007. Retrieved 28th June, 2013 from:

<http://gtcni.openrepository.com/gtcni/handle/2428/49096>

Wendell, S. (1996) *The rejected body*. New York: Routledge.

- White, J. (2007) Supporting nursing students with dyslexia in clinical practice. *Nursing Standard*, 21(19), 35-42. Retrieved 15th July, 2013 from: http://www.ruh.nhs.uk/Training/support/Coaching_and_Mentoring/documents/dyslexia_and_nursing_students.pdf
- Williams, K. (2007) *United Kingdom case study report 2. Teachability: a curriculum for disabled pupils*. Institute for Policy Studies in Education, London: London Metropolitan University. Retrieved 25th July, 2013 from: <http://www.epasi.eu/CaseStudyUK2.pdf>
- Wilson, G. & Kelly, B. (2010) Evaluating the effectiveness of social work education: preparing students for practice learning. *British Journal of Social Work*, 40, 2431-2449.
- Wilton, R.D. (2006) Disability disclosure in the workplace. *Just Labour*, 8, 24-39.
- World Health Organisation (WHO) (1980) *International Classification of Impairments, Disabilities and Handicaps*. Geneva: WHO. Retrieved 29th July, 2013 from: <http://www.sustainable-design.ie/arch/ICIDH-2Final.pdf>
- World Health Organisation (WHO) (2001) *International Classification of Functioning, Disability and Health*. Geneva: WHO. Retrieved 29th July, 2013 from: <http://www.who.int/classifications/icf/en/>
- World Health Organisation (WHO) (2007) *International Classification of Functioning, Disability and Health for Children and Youth*. Geneva: WHO. Retrieved 29th July, 2013 from: <http://www.who.int/mediacentre/news/releases/2007/pr59/en/>
- World Health Organisation (WHO) (2008) *Training manual on disability statistics*. Bangkok: United Nations. Retrieved 29th November, 2013 from: <http://www.unescap.org/stat/disability/manual/Training-Manual-Disability-Statistics.pdf>

- Wray, M. (2013) *Developing an inclusive culture in higher education: final report*. York: Higher Education Academy. Retrieved 25th July, 2013 from: http://www.heacademy.ac.uk/assets/documents/inclusion/inclusive_culture_report.pdf
- Wray, J., Fell, B., Stanley, N., Manthorpe, J. & Coyne, E. (2005) *The PEdDS Project: disabled social work students and placements*. Hull: University of Hull. Retrieved 21st June, 2013 from: [http://www2.hull.ac.uk/fhsc/pdf/PEDDS final report.pdf](http://www2.hull.ac.uk/fhsc/pdf/PEDDS_final_report.pdf)
- Wright, B.C. (2005) Accommodating disability in higher education: a closer look at the evidence for a mainstream framework of learning support. *Research in Post-Compulsory Education*, 10(1), 121-144.
- Yorke, M. & Longden, B (2007) *The first year experience of higher education in the UK: final report*. York: Higher Education Academy. Retrieved 22nd July, 2013 from: http://www.improvingthestudentexperience.com/library/UG_documents/FYE_in_HE_in_the_UK_FinalReport_Yorke_and_Longden.pdf
- Zarb, G. (1992) On the road to Damascus: first steps towards changing the relations of disability research production. *Disability, Handicap & Society*, 7(2), 125-138.

Appendix 1 - Literature Review Search Terms and Databases

The following search terms were used to identify literature of relevance to my thesis:

Search Terms:

Admission; attitude; barriers to access; dentistry; disability legislation; disability policy; disabled students; disclosure; education; experience; fitness to practice; higher education; identity; inclusion; medical model of disability; medicine; nursing and midwifery; practice placements; professional programmes; professional regulation; progression; reasonable adjustments; risk assessment; social model of disability; social work; teaching; transition; UK; university; work placements.

Databases Searched:

ACS Journals Search
ASSIA Applied Social Sciences Index and Abstracts (CSA) (ProQuest XML)
Australian Education Index
British Education Index (Dialog) (ProQuest XML)
Cambridge Journals Online
CINAHL Plus (EBSCO)
ERIC
MEDLINE (EBSCO)
nature.com
PsycArticles (APA)
PubMed
ScienceDirect (Elsevier)
SCOPUS
Social Sciences Citation Index (New ISI XML)
Oxford Journals (Oxford University Press)
Taylor and Francis Online
University of Dundee Library catalogue
Wiley InterScience Journals (includes Cochrane)

Appendix 2 - University's Research Ethics Committee Approval Letter



School of Psychology

University of Dundee Research Ethics Committee

Shirley Hill,
School of Education, Social Work and Community Education,
University of Dundee,
Dundee,
DD1 9SY.

1 February 2012

Dear Ms Hill,

Application Number: UREC 11120

Title: A Comparative Study of the Experience of Disabled Students on Professional Practice Placements.

Your application has been reviewed by the University Research Ethics Committee, and there are no ethical concerns with the proposed research. I am pleased to confirm that the above application has now been approved.

You submitted the following documents:

1. Shirley Hill_Research_Human_Participants_Form
2. Shirley Hill_Proposed Research_Research Ethics Committee
3. Shirley Hill_Proposed Research_Research Ethics Committee_amended 28.01.12
4. Shirley Hill_Research_Human_Participants_Form_amended 28.01.12

Yours sincerely,

**Peter
Willatts**

Digitally signed by Peter Willatts
DN: cn=Peter Willatts, o=University
of Dundee, ou=School of
Psychology,
email=p.willatts@dundee.ac.uk,
c=GB
Reason: I am the author of this
document
Date: 2012.02.01 04:46:44 Z

Dr Peter Willatts
Chair, University of Dundee Research Ethics Committee

Appendix 3 - Research Study Details Circulated by Programme Leaders

Research Study on Placement Experience

Dear student

I am currently undertaking some research into the experience of disabled students on practice placements compared to their non-disabled peers. Such placements include time you have spent off campus in hospitals or other clinical practice settings, or in schools, social work and community education settings as part of your course.

The aims of the research are to identify ways to improve the accessibility of practice placements for disabled students and to enhance the practice placement experience of all students. Your participation will contribute greatly to this. You can get involved by completing an anonymous online survey at the following link: http://www.survey.dundee.ac.uk/placement_experience

On completing the survey, you will have the opportunity to indicate interest in attending an optional follow-up interview. All interview participants will be entered into a prize draw for a Kindle.

If you would like further information, please contact me in confidence at the following address: (name and address provided)

Appendix 4 - Participant Recruitment Information Leaflet

Help us to improve disabled students' experience on practice placements

Are you studying **Medicine, Dentistry, Nursing, Social Work, Teaching or Community Education?**

Have you completed a **practice placement** or will do this semester?

If yes, please **contact (name)** at Disability Services for further information or to arrange a time to chat about your placement experience in confidence.

Email: (address provided)

Tel: (telephone provided)

Thanks!

Prize Draw for a Kindle!

kindle touch
Simple-to-use
touchscreen with
built-in Wi-Fi



Appendix 5 - HESA Disability Codes: 2010/11 onwards

Available from www.hesa.ac.uk

Disability

Short name	DISABLE
Type	field
Description	This field records the type of disability that a student has, on the basis of the student's own self-assessment.
Applicable to	England Northern Ireland Scotland Wales
Coverage	All students where any <u>Instance.REDUCEDI</u> = 00, 01, 06 or 07
Base data type	DISABLECodeType
Field length	2
Part of	<u>Student</u>
Minimum occurrences	0
Maximum occurrences	1

Reason required To permit disability-based analysis; for monitoring levels and trends in participation by particular groups of people; to monitor take-up of Disabled Students' Allowance as Disabled Students' Allowance is now not means tested; to permit analysis based on type of disability.

With the introduction of the Disability Equality Duty, and on the recommendation of the Equality Challenge Unit (ECU), HESA has introduced a version of the coding frame introduced by the Disability Rights Commission (DRC).

This new coding frame is included in the 2010/11 specification of the UCAS data for HESA (*J) and for students entering through UCAS this information will be available from UCAS via the *J transaction. Disability is recorded on the basis of the student's own self-assessment.

The additional valid entries for 2010/11 entrants onwards are coded 51 to 58.

Notes Codes 51 and 53 are both types of learning disability/difficulty or cognitive impairment.

Only serious visual impairments are covered by the Disability Discrimination Act (DDA). For example, a person whose eyesight can be corrected through the use of prescription lenses is not covered by the DDA; neither is a simple inability to distinguish between red and green.

The same logic does not apply to hearing aids. If someone needs to wear a hearing aid, then they are likely to be covered by the DDA. However, both hearing and visual impairments have to have a substantial adverse effect on the ability to carry out normal day-to-day activities in order for a person to be covered by the DDA. For more information see the Secretary of State's Revised Guidance on the definition of disability, The Disability Equality Duty.

The pre-2010/11 valid entry codes 08 'Multiple disabilities and 96 'A disability not listed above' have been re-labelled to be consistent with the UCAS (*J) file entries as follows: 08 'Two or more impairments and/or disabling medical conditions' and 96 'A disability, impairment or medical condition that is not listed above'. There is no change required for continuing students already coded 08 or 96.

For 2010/11 entrants onwards there are no valid entry codes to replace 97 'Information refused', 98 'Information not sought' or 99 'Not known'.

HESA will continue to accept codes 02, 03, 04, 05, 06, 07, 10, 11, 97, 98 and 99 for continuing students (where Instance.COMDATE is before 2010-08-01), so there will be no requirement for institutions to resurvey or recode. However, institutions are welcome to use the new codes for continuing students if they wish to do so.

Codes 02, 03, 04, 05, 06, 07, 10, 11, 97, 98 and 99 can only be used where Instance.COMDATE is before 2010-08-01.

If this field is coded 02-96 indicating that the student has a disability, then Instance.DISALL should be coded 4, 5 or 9.

Owner HESA

Version 1.1

Date modified 2011-04-28

Change management notes New business rule 3 added

Business rules

1 (Error) Student.DISABLE must exist where any Instance.REDUCEDI = 00, 01, 06 or 07.

2 (Error) Student.DISABLE must be coded 02-96 where Instance.DISALL exists.

3 (Error) Student.DISABLE must not be coded 02, 03, 04, 05, 06, 07, 10, 11, 97, 98 or 99 where any Instance.COMDATE > 2010-07-31

Schema components

Element: DISABLE

Data type: DISABLECodeContentType

[Download the valid entries in csv format](#)

Valid entries and labels

00 No known disability

02 Blind/partially sighted

03 Deaf/hearing impairment

04 Wheelchair user/mobility difficulties

05 Personal care support

06 Mental health difficulties

07 An unseen disability, e.g. diabetes, epilepsy, asthma

08 Two or more impairments and/or disabling medical conditions

10 Autistic Spectrum Disorder

11 A specific learning difficulty e.g. dyslexia

51 A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

53 A social/communication impairment such as Asperger's

- syndrome/other autistic spectrum disorder
- 54 A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- 55 A mental health condition, such as depression, schizophrenia or anxiety disorder
- 56 A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
- 57 Deaf or a serious hearing impairment
- 58 Blind or a serious visual impairment uncorrected by glasses
- 96 A disability, impairment or medical condition that is not listed above
- 97 Information refused
- 98 Information not sought
- 99 Not known

Appendix 6 - Participant Information Sheet for Online Survey

The following text was presented when students launched the online survey:

Placement Experience Survey

Invitation to Participate in a Research Study

Participant Information

You are invited to take part in a research study investigating the experience of disabled students on practice placements compared to their non-disabled peers.

Such placements include time you have spent off campus in hospitals or other clinical practice settings, or in schools, social work and community education settings as part of your course. This part of the research involves an online survey of your experience on practice placements.

The aims of the research are to identify ways to improve the accessibility of practice placements for disabled students and to enhance the practice placement experience of all students. Your participation will contribute greatly to this.

The University's Research Ethics Committee has reviewed and approved this research study. The researcher is undertaking this research as part of her Professional Doctorate. (Note: name of University and supervisors removed)

Time Commitment and Accessibility

This survey should take no more than 10 minutes to complete. You can customise the text size/colour to meet your individual needs by using the accessibility features of your web browser. For example, to make this text larger, use CTRL +.

Termination of Participation

Participation is voluntary and you can withdraw from the research at any time and without explanation. All questions are optional and you can choose not to answer specific questions if you prefer.

Risks

There are no known risks for you in this study.

Cost, Reimbursement and Compensation

Your participation in this study is voluntary. On completion of the survey, you will have the opportunity to indicate interest in attending an optional follow-up interview. All interview participants will be entered into a prize draw for a Kindle. The winner will be drawn at random after all interviews have been completed.

Confidentiality

All information you provide will only be used for research purposes and will be reported in an anonymous format so individuals cannot be identified. Any personal or sensitive data that you provide will be processed in accordance with the Data Protection Act 1998 and will not be shared with anyone without your consent.

If you wish to discuss any personal information you have provided, including that relating to a disability, you can do so confidentially by emailing the researcher who is also Head of the University's Disability Services' department (Note: email provided). She can then arrange for you to meet with a Disability Adviser in confidence. Your School will not be aware of this meeting but, should you wish information about your disability-related needs to be shared with your School, your written consent to this will be obtained at the meeting with a Disability Adviser.

Further Information about this Research Study

The researcher, (name), will be glad to answer your questions about this study at any time. If you want to find out about the final results of this study, you should contact (name) at the following address: (Note: contact details removed)

Thank you in advance for your response.

Please press 'Continue' to confirm that you have read and understood the Participant Information Sheet above, and that you agree to take part in this research study. If you do not wish to participate, you can exit the survey by closing this window.

Note: If 'Continue' was selected, the following statement was presented at the top of the first page of the survey:

You have agreed to participate in the online research survey. If you did not intend to do this, please exit the survey by closing this window. Otherwise, please continue by answering the questions below. Thank you.

Appendix 7 - Participant Information Sheet for Interviews

Title of Project

A Comparative Study of the Experience of Disabled Students on Professional Practice Placements

Invitation to Take Part in a Research Study

You are invited to take part in a research study which is investigating the experience of disabled students on practice placements compared to their non-disabled peers. The researcher is undertaking this research as part of her Professional Doctorate (note: details of University and supervisors removed).

Purpose of the Research Study

This study is investigating students' experience of professional practice placements. Such placements include time you have spent off campus in hospitals or other clinical practice settings, or in schools, social work and community education settings as part of your course. This part of the research involves a short interview about your experience of practice placements.

The aims of the research are to identify ways to improve the accessibility of practice placements for disabled students and to enhance the practice placement experience of all students. Your participation will contribute greatly to this.

Time Commitment

The study will require no more than 30 minutes of your time to attend one interview.

Termination of Participation

Participation is voluntary and you can withdraw from the research at any time without explanation. All questions are optional and you can choose not to answer specific questions if you prefer. You will be asked for permission for an audio recording to be made of the interview which you can decline.

Risks

There are no known risks for you in this study.

Cost, Reimbursement and Compensation

Your participation in this study is voluntary. On completion of the interview, you will have the opportunity to be entered into a prize draw for a Kindle. The winner will be drawn at random after all interviews have been completed.

Confidentiality/ Anonymity

The interview will be held in a confidential setting. All information you provide will only be used for research purposes and will be reported in an anonymous format so individuals cannot be identified. Any personal or sensitive data that you provide will be processed in accordance with the Data Protection Act 1998 and will not be shared with anyone without your consent.

If you wish to discuss any personal information you have provided, including that relating to a disability, you can do so during the interview with the researcher who is also Head of the University's Disability Services' department. Alternatively, a meeting with a Disability Adviser can be arranged at a later date. Your School will not be aware of this meeting but, should you wish information about your disability-related needs to be shared with your School, your written consent to this will be obtained at the interview or at the meeting with a Disability Adviser.

For Further Information About This Research Study

The researcher, (name provided), will be glad to answer your questions about this study at any time. If you want to find out about the final results of this study, you should contact (researcher's name) at the following address (address provided):

The University Research Ethics Committee of the University of Dundee has reviewed and approved this research study.

Appendix 8 - Participant Informed Consent Form for Interviews

Title of Project

A Comparative Study of the Experience of Disabled Students on Professional Practice Placements

Purpose of the Research

This study is investigating students' experience of professional practice placements. Such placements include time you have spent off campus in hospitals or other clinical practice settings, or in schools, social work and community education settings as part of your course. This part of the research involves a short interview about your experience of practice placements. The aims of the research are to identify ways to improve the accessibility of practice placements for disabled students and to enhance the practice placement experience of all students. Your participation will contribute greatly to this.

By signing below you are agreeing that you have read and understood the Participant Information Sheet and that you agree to take part in this research study.

I agree to the audio recording of the interview: YES NO (please delete as appropriate).

Participant's name (please print)

Participant's signature

Date

Printed name of person obtaining consent

Signature of person obtaining consent

Appendix 9 - Online Survey Questions

Section 1 - Personal Details

1. Gender:

- Male
- Female

2. Age:

- 25 and under
- over 25

3. Nature of Study:

- Undergraduate
- Postgraduate

4. Academic School:

- Medicine
- Dentistry
- Nursing and Midwifery
- Education
- Social Work
- Community Education

Section 2 - Experience of Practice Placements

5. How many placements have you completed on your course so far?

- One
- 2 to 3
- More than three

6. Overall, how would you rate your experience on placement?

Very Good Good Average Poor Very Poor

Please add any comments to explain your rating: (open ended)

7. If you have completed more than one placement, would you rate your experience on some placements higher than that on others?

- Yes
- No
- Have only completed one placement

Please add any comments to explain your rating: (open ended)

8. Did you feel sufficiently prepared to undertake your practice placements?

- Yes
- No

Please add any comments to explain your response: (open ended)

9. Have you experienced any difficulty with your practice placements?

- Yes
- No

a) Please add any comments to explain your response: (open ended)

b) If you experienced difficulties with your placements, how were these resolved? (open ended)

10. Did you receive support on your placement from: (select all that apply)

- Placement supervisor
- University
- Peers
- No support received
- Other (please specify)_____

a) How would you rate the support you received?

Very Good Good Average Poor Very Poor

b) Please add any comments to explain your rating: (open ended)

11. What have you gained from your placement experience? (open ended)

12. How could your experience be improved? (open ended)

13. Please provide any other comments you have regarding your placement experience: (open ended)

Section 3 - Disability and Disclosure

A disabled person is defined under the Equality Act (2010) as someone who has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”.

This definition covers a wide range of impairments including specific learning difficulties such as dyslexia, mental health difficulties and chronic health conditions such as diabetes.

14. Having read this, do you consider yourself to be covered by the definition?

- Yes (please answer the following questions)
- No (please press 'Continue' at the bottom of this page to proceed) Note: respondents choosing this option were directed to the 'Interview and Prize Draw' page (see below).

15. Please specify the nature of your disability: (select all that apply)

- Specific learning difficulty such as dyslexia, dyspraxia or ADHD
- Social or communication impairment such as Asperger syndrome/other autistic spectrum disorder
- Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Mental health condition such as depression, schizophrenia or anxiety disorder
- Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
- Deaf or a serious hearing impairment
- Blind or a serious visual impairment uncorrected by glasses
- Other (please specify) (open ended)

16. Have you disclosed your disability to the University?

- Yes
- No

a) If **Yes**, when did you disclose your disability?

- When applying to study at the University
- Prior to placement practice
- Not sure when I disclosed my disability
- Other (please specify) (open ended)

b) If **No**, what are your reasons for not disclosing your disability to the University? (select all that apply)

- I did not have a disability when I applied to the University
- I do not consider it to be relevant to my studies
- I am unaware of the possible benefits of doing so
- I do not remember being given the opportunity to disclose
- I am concerned I might be discriminated against
- Other (please specify (open ended))

17. Were you given the opportunity to disclose a disability prior to placement practice?

- Yes
- No

18. Did you disclose your disability to your placement provider?

- Yes
- No

What were your reasons for this? (open ended)

Section 4 – Adjustments

19. Were adjustments identified to support your disability-related needs on placement (e.g. placement arranged closer to your home, provision of specialist equipment etc.)?

- Yes
- No
- Adjustments were not needed

If **Yes**, what were these adjustments: (select all that apply)

- Placement arranged closer to home
- Flexibility on attendance
- Specialist equipment provided
- Personal assistance provided
- Other (please specify) (open ended)

How have these adjustments affected your placement experience? (open ended)

Section 5 - Other Comments

20. Please provide any other comments you have regarding the impact of your disability on your placement experience: (open ended)

Section 6 - Interview and Prize Draw

21. If you would like to participate in a short interview to discuss your placement experience in confidence, please provide your University email address (sample provided) below. All interview participants will have the opportunity to be entered into a prize draw for a Kindle.

Section 7 - Final Page

Thank you for completing this survey. If you would like to discuss this research or any aspect of your student experience in confidence, please contact the Researcher (name and contact details provided).

Appendix 10 - Interview Schedule

Section 1 - Course Choice

1. What course are you doing and what year are you in?
2. Why did you choose to undertake this particular course?
3. Did you have any concerns about doing the course? If so, what were they?
4. What are your career aspirations following graduation?

Section 2 - Preparation for Placement

5. What preparation did your Department provide for your placements?
6. Were you able to influence your placement e.g. location, timing, duration?

Section 3 - Placement Experience

7. What was your first placement like?
8. Has your experience on placement changed since then? If so, how?
9. Did you need any support on placement? If so, who provided this?
10. How did you get on with your placement supervisor/ pupils/ patients/ others you were working with on placement?
11. How could your placement experience be improved?

Section 4 - Disability

12. Do you have a disability? If yes, what is the nature of your disability? If no, go to Q18
13. Did you disclose this to the University/placement provider?
14. If yes, what sort of response did you receive? Do you feel the response met your needs? How could the response have been improved?

15. What support, if any, have you had in place to support your disability-related needs prior to University e.g. at School/ previous educational establishment/ in employment?
16. What support, if any, do you have in place at University?
17. What support/adjustments, if any, have been provided for your placements? How have these affected your placement experience?
18. What is your view of disabled people pursuing a career in your discipline (e.g. Medicine, Nursing, Teaching etc. as appropriate to course)? What is your perception of other people's views in this respect?
19. Are you aware of any disabled students on your course or disabled colleagues when out on placement? If yes, were you aware of any disability-related difficulties they were experiencing?

Section 5 - Overall Comment

20. Is there anything else you would like to say in relation to your placement experience generally?

Appendix 11 - Online Survey Quantitative Results (%, N)

Section 1: Personal Details

1. Gender:

Male:		12.3%	43
Female:		87.7%	306






2. Age:

25 and under:		69.3%	241
over 25:		30.7%	107

3. Nature of Study:




Undergraduate:		94.3%	328
Postgraduate:		5.7%	20

4. Academic School:




Medicine:		8.9%	31
Dentistry:		5.2%	18
Nursing and Midwifery:		42.8%	149
Education:		22.7%	79
Social Work:		18.7%	65
Community Education:		1.7%	6

Section 2: Experience of Practice Placements




5. How many placements have you completed on your course so far?

One:		5.1%	14
2 to 3:		37.9%	105
More than three:		57.0%	158



6. Overall, how would you rate your experience on placement?

Very good:		35.7%	99
Good:		56.3%	156
Average:		7.6%	21
Poor:		0.0%	0
Very poor:		0.4%	1

7. If you have completed more than one placement, would you rate your experience on some placements higher than that on others?

Yes:		86.7%	235
No:		9.2%	25
Have only completed one placement:		4.1%	11

8. Did you feel sufficiently prepared to undertake your practice placements?

Yes:		86.9%	239
No:		13.1%	36




9. Have you experienced any difficulty with your practice placements?

Yes:		35.5%	98
No:		64.5%	178

10. Did you receive support on your placement from:



Placement Supervisor:		n/a	183
University:		n/a	146
Peers:		n/a	185
No support received:		n/a	29
Other (<i>please specify</i>):		n/a	36

10.a. How would you rate the support you received?







Very good:		38.6%	97
Good:		51.4%	129
Average:		8.4%	21
Poor:		1.2%	3
Very poor:		0.4%	1

Section 3: Disability and Disclosure

14. Having read this, do you consider yourself to be covered by the definition?

Yes (please answer the following questions):		19.4%	50
No (please press 'Continue' at the bottom of this page to proceed):		80.6%	208

15. Please specify the nature of your disability:

Specific learning difficulty such as dyslexia, dyspraxia or ADHD:		n/a	30
Social or communication impairment such as Asperger syndrome/other autistic spectrum disorder:		n/a	0
Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy:		n/a	8
Mental health condition such as depression, schizophrenia or anxiety disorder:		n/a	14
Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches:		n/a	8
Deaf or a serious hearing impairment:		n/a	1
Blind or a serious visual impairment uncorrected by glasses:		n/a	2

Other (<i>please specify</i>):		n/a	8
----------------------------------	--	-----	---

16. Have you disclosed your disability to the University?

Yes:		70.3%	45
No:		29.7%	19

16.a. If Yes, when did you disclose your disability?



When applying to study at the University:		57.5%	23
Prior to placement practice:		7.5%	3
Not sure when I disclosed my disability:		2.5%	1
Other (<i>please specify</i>):		32.5%	13

16.b. If No, what are your reasons for not disclosing your disability to the University?

I did not have a disability when I applied to the University:		n/a	2
I do not consider it to be relevant to my studies:		n/a	8
I am unaware of the possible benefits of doing so:		n/a	3
I do not remember being given the opportunity to disclose:		n/a	3

I am concerned I might be discriminated against:		n/a	5
Other (please specify):		n/a	3

17. Were you given the opportunity to disclose a disability prior to placement practice?




Yes:		62.7%	42
No:		37.3%	25

18. Did you disclose your disability to your placement provider?



Yes:		56.7%	34
No:		43.3%	26




Section 4: Adjustments

19. Were adjustments identified to support your disability-related needs on placement (e.g. placement arranged closer to your home, provision of specialist equipment etc.)?

Yes:		19.0%	12
No:		41.3%	26
Adjustments were not needed:		39.7%	25

19.a. If Yes, what were these adjustments?

Placement arranged closer to home:		n/a	2
Flexibility on attendance:		n/a	6

Specialist equipment provided:		n/a	2
Personal assistance provided:		n/a	1
Other (<i>please specify</i>):		n/a	6

Appendix 12 - Demographic Data for Underlying Student Population⁷¹

Academic Year 11/12 (%)

Discipline	Gender		Age		Disability	
	Male	Female	Under 25	Over 25	Disabled	Not Disabled
Medicine	39.3	60.7	90.4	9.6	7.8	92.2
Dentistry	42.3	57.7	96.8	3.2	4.9	95.1
Nursing	10.3	89.7	62.6	37.4	9.2	90.8
Education	15.5	84.5	80.1	19.9	6.3	93.7
Social Work	15.1	84.9	51.2	48.8	8.9	91.1
Community Education	28.6	71.4	58.6	41.4	17.1	82.9

Academic Year 12/13 (%)

Discipline	Gender		Age		Disability	
	Male	Female	Under 25	Over 25	Disabled	Not Disabled
Medicine	39.5	60.5	91.1	8.9	7.4	92.6
Dentistry	40.3	59.7	96.3	3.7	3.7	96.3
Nursing	11.7	88.3	63.4	36.6	9.1	90.9
Education	16.5	83.5	72.6	27.4	7.2	92.8
Social Work	11.6	88.4	54.4	45.6	9.3	90.7
Community Education	31.3	68.7	60.3	39.7	19.8	80.2

⁷¹ Source – Registry Department of University participating in the research

Appendix 13 - Demographic Data for Underlying Student Population⁷² by Impairment Category Disclosed⁷³

Academic Year 11/12 (N)⁷⁴

Discipline	SpLD, including Asperger	Long standing illness or health condition	Mental health condition	Physical impairment or mobility issues	Blind/Deaf or serious sensory impairment	Other disability	Multiple disabilities
Medicine	47	7	17	< 5	8	20	< 5
Dentistry	8	< 5	< 5	< 5	< 5	7	< 5
Nursing	96	18	23	< 5	6	42	6
ESWCE ⁷⁵	52	7	16	10	7	30	9
TOTAL	203	57+⁷⁶	56+	10+	21+	99	15+
Proportion	44%	12%	12%	2%	5%	22%	3%
Survey Proportion⁷⁷	42%	11%	20%	11%	4%	12%	-

⁷² Source – Registry Department of University participating in the research

⁷³ Disciplines are grouped as per the available data; where numbers disclosing specific impairments was less than 5, this is indicated to protect student confidentiality

⁷⁴ Data for specific impairments was not available for AY 12/13

⁷⁵ ESWCE – Education, Social Work and Community Education disciplines

⁷⁶ + indicates where total is more than stated to take account of cells where value was < 5

⁷⁷ Proportion of students indicating specific impairment categories on the online survey (see Table 7)

Appendix 14 – Disability Status for UK Student Population by Subject Area

Extract from Equality Challenge Unit (2013a) '*Equality in higher education: statistical report 2013. Part 2: students*' (pages 217-218)

Retrieved from:

<http://www.ecu.ac.uk/publications/equality-in-higher-education-statistical-report-2013>

All students in subject areas by disability status (%)

1. SET Subjects

	Non-disabled	Disabled
Agriculture and related subjects	88.4	11.6
Architecture, building, and planning	91.4	8.6
Biological sciences	90.0	10.0
Computer science	91.2	8.8
Engineering and technology	93.6	6.4
Mathematical sciences	93.3	6.7
Medicine and dentistry	93.7	6.3
Physical sciences	90.4	9.6
Subjects allied to medicine	91.8	8.2
Veterinary science	88.0	12.0
SET⁷⁸ total	91.6	8.4

⁷⁸ SET = subject groups classed as Science, Engineering and Technology

2. Non-SET Subjects

	Non-disabled	Disabled
Business, administrative studies	95.1	4.9
Combined	88.9	11.1
Creative arts and design	84.3	15.7
Education	92.8	7.2
Historical, philosophical studies	88.2	11.8
Languages	92.3	7.7
Law	92.7	7.3
Mass communications, documentation	90.9	9.1
Social studies	89.9	10.1
Non-SET total	91.2	8.8

Appendix 15 - Chi Square Analyses Significant Results

(including expected frequencies and effect sizes)

1. Academic Discipline * Disability Disclosed on Survey

			Disability Disclosed		Total
			Yes	No	
Academic Discipline	Medicine	Count	8	12	20
		Expected Count	4.2	15.8	20.0
		% within Academic Discipline	40.0%	60.0%	100.0%
		% within Disability Disclosed	14.5%	5.9%	7.7%
	Dentistry	Count	0	16	16
		Expected Count	3.4	12.6	16.0
		% within Academic Discipline	.0%	100.0%	100.0%
		% within Disability Disclosed	.0%	7.8%	6.2%
	Nursing and Midwifery	Count	25	84	109
		Expected Count	23.1	85.9	109.0
		% within Academic Discipline	22.9%	77.1%	100.0%
		% within Disability Disclosed	45.5%	41.2%	42.1%
	Education	Count	10	51	61
		Expected Count	13.0	48.0	61.0
		% within Academic Discipline	16.4%	83.6%	100.0%
		% within Disability Disclosed	18.2%	25.0%	23.6%
	Social Work	Count	9	41	50
		Expected Count	10.6	39.4	50.0
		% within Academic Discipline	18.0%	82.0%	100.0%
		% within Disability Disclosed	16.4%	20.1%	19.3%
	Community Education	Count	3	0	3
		Expected Count	.6	2.4	3.0
		% within Academic Discipline	100.0%	.0%	100.0%
		% within Disability Disclosed	5.5%	.0%	1.2%
Total		Count	55	204	259
		Expected Count	55.0	204.0	259.0
		% within Academic Discipline	21.2%	78.8%	100.0%
		% within Disability Disclosed	100.0%	100.0%	100.0%

1. Academic Discipline * Disability Disclosed on Survey (cont.)

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.008 ^a	5	.001
Likelihood Ratio	21.956	5	.001
Linear-by-Linear Association	.184	1	.668
N of Valid Cases	259		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is 0.64.

Effect Size

	Value	Approx. Sig.
Nominal by Nominal Phi	.285	.001
Cramer's V	.285	.001
Contingency Coefficient	.274	.001
N of Valid Cases	259	

2. Overall Placement Rating * Disability Disclosed on Survey

			Disability Disclosed		Total
			Yes	No	
Overall Placement Rating	very good	Count	11	82	93
		Expected Count	19.7	73.3	93.0
		% within Overall Placement Rating	11.8%	88.2%	100.0%
		% within Disability Disclosed	20.0%	40.2%	35.9%
	good	Count	41	108	149
		Expected Count	31.6	117.4	149.0
		% within Overall Placement Rating	27.5%	72.5%	100.0%
		% within Disability Disclosed	74.5%	52.9%	57.5%
	satisfactory	Count	3	14	17
		Expected Count	3.6	13.4	17.0
		% within Overall Placement Rating	17.6%	82.4%	100.0%
		% within Disability Disclosed	5.5%	6.9%	6.6%
Total	Count		55	204	259
	Expected Count		55.0	204.0	259.0
	% within Overall Placement Rating		21.2%	78.8%	100.0%
	% within Disability Disclosed		100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.566 ^a	2	.014
Likelihood Ratio	9.063	2	.011
Linear-by-Linear Association	4.499	1	.035
N of Valid Cases	259		

a. 1 cell (16.7%) has expected count less than 5. The minimum expected count is 3.61.

2. Overall Placement Rating * Disability Disclosed on Survey (cont.)

Effect Size			
		Value	Approx. Sig.
Nominal by Nominal	Phi	.182	.014
	Cramer's V	.182	.014
	Contingency	.179	.014
	Coefficient		
N of Valid Cases		259	

3. Difficulties on Placement * Disability Disclosed on Survey

			Disability Disclosed		Total
			Yes	No	
Difficulties on Placement	Yes	Count	28	67	95
		Expected Count	20.2	74.8	95.0
		% within Difficulties on Placement	29.5%	70.5%	100.0%
		% within Disability Disclosed	50.9%	32.8%	36.7%
	No	Count	27	137	164
		Expected Count	34.8	129.2	164.0
		% within Difficulties on Placement	16.5%	83.5%	100.0%
		% within Disability Disclosed	49.1%	67.2%	63.3%
Total	Count		55	204	259
	Expected Count		55.0	204.0	259.0
	% within Difficulties on Placement		21.2%	78.8%	100.0%
	% within Disability Disclosed		100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.088 ^a	1	.014		
Continuity Correction ^b	5.335	1	.021		
Likelihood Ratio	5.927	1	.015		
Fisher's Exact Test				.018	.011
Linear-by-Linear Association	6.064	1	.014		
N of Valid Cases	259				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.17. b. Computed only for a 2x2 table

Effect Size

	Value	Approx. Sig.
Nominal by Nominal	Phi	.153
	Cramer's V	.153
	Contingency Coefficient	.152
		.014
N of Valid Cases	259	

4. Social or Medical Group * Number of Placements

			Number of Placements			Total
			One	2 to 3	More than three	
Social or Medical Group	Social model	Count	12	62	47	121
		Expected Count	6.1	45.9	69.0	121.0
		% within Social or Medical Group	9.9%	51.2%	38.8%	100.0%
		% within Number of Placements	85.7%	59.0%	29.7%	43.7%
	Medical model	Count	2	43	111	156
		Expected Count	7.9	59.1	89.0	156.0
		% within Social or Medical Group	1.3%	27.6%	71.2%	100.0%
		% within Number of Placements	14.3%	41.0%	70.3%	56.3%
	Total	Count	14	105	158	277
		Expected Count	14.0	105.0	158.0	277.0
		% within Social or Medical Group	5.1%	37.9%	57.0%	100.0%
		% within Number of Placements	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	32.603 ^a	2	.000
Likelihood Ratio	33.632	2	.000
Linear-by-Linear Association	32.461	1	.000
N of Valid Cases	277		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.12.

Effect Size

	Value	Approx. Sig.
Nominal by Nominal Phi	.343	.000
Cramer's V	.343	.000
Contingency Coefficient	.325	.000
N of Valid Cases	277	

5. Social or Medical Group * Preparation for Placement Sufficient

			Preparation for Placement Sufficient		Total
			Yes	No	
Social or Medical Group	Social model	Count	111	9	120
		Expected Count	104.3	15.7	120.0
		% within Social or Medical Group	92.5%	7.5%	100.0%
		% within Preparation for Placement Sufficient	46.4%	25.0%	43.6%
	Medical model	Count	128	27	155
		Expected Count	134.7	20.3	155.0
		% within Social or Medical Group	82.6%	17.4%	100.0%
		% within Preparation for Placement Sufficient	53.6%	75.0%	56.4%
Total	Count		239	36	275
	Expected Count		239.0	36.0	275.0
	% within Social or Medical Group		86.9%	13.1%	100.0%
	% within Preparation for Placement Sufficient		100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.849 ^a	1	.016		
Continuity Correction ^b	5.010	1	.025		
Likelihood Ratio	6.162	1	.013		
Fisher's Exact Test				.019	.011
Linear-by-Linear Association	5.828	1	.016		
N of Valid Cases	275				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 15.71.

b. Computed only for a 2x2 table

5. Social or Medical Group * Preparation for Placement Sufficient (cont.)

Effect Size		Value	Approx. Sig.
Nominal by Nominal	Phi	.146	.016
	Cramer's V	.146	.016
	Contingency	.144	.016
	Coefficient		
N of Valid Cases		275	

6. Academic Discipline * Preparation for Placement Sufficient

			Preparation for Placement Sufficient		Total
			Yes	No	
Academic Discipline	Medicine	Count	18	3	21
		Expected Count	18.3	2.7	21.0
		% within Academic Discipline	85.7%	14.3%	100.0%
		% within Preparation for Placement Sufficient	7.5%	8.3%	7.6%
	Dentistry	Count	18	0	18
		Expected Count	15.6	2.4	18.0
		% within Academic Discipline	100.0%	.0%	100.0%
		% within Preparation for Placement Sufficient	7.5%	.0%	6.5%
	Nursing and Midwifery	Count	92	24	116
		Expected Count	100.8	15.2	116.0
		% within Academic Discipline	79.3%	20.7%	100.0%
		% within Preparation for Placement Sufficient	38.5%	66.7%	42.2%
	Education and Community Education	Count	62	4	66
		Expected Count	57.4	8.6	66.0
		% within Academic Discipline	93.9%	6.1%	100.0%
		% within Preparation for Placement Sufficient	25.9%	11.1%	24.0%
	Social Work	Count	49	5	54
		Expected Count	46.9	7.1	54.0
		% within Academic Discipline	90.7%	9.3%	100.0%
		% within Preparation for Placement Sufficient	20.5%	13.9%	19.6%
Total	Count		239	36	275
	Expected Count		239.0	36.0	275.0
	% within Academic Discipline		86.9%	13.1%	100.0%
	% within Preparation for Placement Sufficient		100.0%	100.0%	100.0%

6. Academic Discipline * Preparation for Placement Sufficient (cont.)

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.189 ^a	4	.016
Likelihood Ratio	14.462	4	.006
Linear-by-Linear Association	1.247	1	.264
N of Valid Cases	275		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is 2.36.

Effect Size

	Value	Approx. Sig.
Nominal by Nominal Phi	.211	.016
Cramer's V	.211	.016
Contingency Coefficient	.206	.016
N of Valid Cases	275	

7. Academic Discipline * Disability Disclosed on Placement

			Disability Disclosed on Placement		Total
			Yes	No	
Academic Discipline	Medicine	Count	7	2	9
		Expected Count	5.1	3.9	9.0
		% within Academic Discipline	77.8%	22.2%	100.0%
		% within Disability Disclosed on Placement	20.6%	7.7%	15.0%
	Nursing and Midwifery	Count	12	16	28
		Expected Count	15.9	12.1	28.0
		% within Academic Discipline	42.9%	57.1%	100.0%
		% within Disability Disclosed on Placement	35.3%	61.5%	46.7%
	Education and Community Education	Count	5	7	12
		Expected Count	6.8	5.2	12.0
		% within Academic Discipline	41.7%	58.3%	100.0%
		% within Disability Disclosed on Placement	14.7%	26.9%	20.0%
	Social Work	Count	10	1	11
		Expected Count	6.2	4.8	11.0
		% within Academic Discipline	90.9%	9.1%	100.0%
		% within Disability Disclosed on Placement	29.4%	3.8%	18.3%
Total	Count		34	26	60
	Expected Count		34.0	26.0	60.0
	% within Academic Discipline		56.7%	43.3%	100.0%
	% within Disability Disclosed on Placement		100.0%	100.0%	100.0%

7. Academic Discipline * Disability Disclosed on Placement (cont.)

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.160 ^a	3	.017
Likelihood Ratio	11.328	3	.010
Linear-by-Linear Association	.171	1	.680
N of Valid Cases	60		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 3.90.

Effect Size

	Value	Approx. Sig.
Nominal by Nominal Phi	.412	.017
Cramer's V	.412	.017
Contingency Coefficient	.381	.017
N of Valid Cases	60	

Appendix 16 - NSS Student Feedback for NHS Practice Placements

Extract from National Student Survey Results 2013

Retrieved from the Higher Education Funding Council for England (HEFCE) website:

<http://www.hefce.ac.uk/whatwedo/lt/publicinfo/nationalstudentsurvey/nationalstudentsurveydata/2013/>

Note that comparative figures are also provided for the 2012 survey results

1. Scottish HEIs

NHS practice placements	2012	2013
25 - I received sufficient preparatory information prior to my placement(s).	61	71
26 - I was allocated placement(s) suitable for my course.	96	100
27 - I received appropriate supervision on my placement(s).	93	92
28 - I was given opportunities to meet my required practice learning outcomes/competences.	89	96
29 - My contribution during placement(s) as part of the clinical team was valued.	82	88
30 - My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course.	93	92

2. English HEIs

NHS practice placements	2012	2013
25 - I received sufficient preparatory information prior to my placement(s).	74	76
26 - I was allocated placement(s) suitable for my course.	90	91
27 - I received appropriate supervision on my placement(s).	84	85
28 - I was given opportunities to meet my required practice learning outcomes/competences.	89	90
29 - My contribution during placement(s) as part of the clinical team was valued.	89	89
30 - My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course.	84	85

Appendix 17 - Recognition of Prior Learning (RPL) Submission



School of Education, Social Work & Community Education

Professional Doctorate in Education (D.Ed.)

Recognition of Prior Learning Claim

Submitted by Shirley Hill, 23rd November 2010

Doctorate Supervisors: Prof. Jennifer Harris & Dr. Angela Roger

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Recognition of Prior Learning Claim (D.Ed.) - Shirley Hill

Introduction

This submission presents a Recognition of Prior Learning (RPL) claim for up to 50% of the Professional Doctorate in Education. It provides supporting evidence for each of the Scottish Credit and Qualifications Framework (SCQF, 2009) characteristic headings:

- Knowledge and understanding (K);
- Practice: applied knowledge and understanding (P);
- Generic cognitive skills (G);
- Communication, ICT and numeracy skills (C); and
- Autonomy, accountability and working with others (A).

This claim draws on my work experience as a research psychologist and as a disability practitioner in higher education since 1986, with particular emphasis on my contribution to practice in the disability field in the last five years. This contribution reflects the UK disability-related policy, funding, legislative and quality assurance frameworks at time of writing.

In outlining my claim for RPL, I will make reference to the 'characteristic outcomes of learning' identified in the SCQF framework for each heading at Level 12. These will be referred to in abbreviated form throughout the submission, for example (K1), reflecting the order in which these appear within the framework.

The attached appendices provide supportive evidence of documents referred to in this claim. These documents are also available online (where links refer) and in MS Word format on the enclosed CD. Alternative formats can be provided on request: s.hill@dundee.ac.uk

Knowledge and Understanding (K)

1. Educational and Work History Synopsis:

I graduated with single honours in psychology (2:1) in 1986 and subsequently worked for ten years as a researcher, primarily on literacy development and peer supported learning projects in higher education. I completed a postgraduate primary teaching certificate and an MPhil by research during this time and also published a number of journal articles and book chapters (see Appendix 1). I secured my first disability-related role as Access Centre Manager at Dundee University in 1996 and have worked in this field since then, laterally (since 2003) as Head of Disability Services. I gained Chartered Psychologist status in 2001 on the basis of my contribution to psychological research and related practice.

My qualifications include:

- MPhil (by research)
- Postgraduate Certificate in Advanced Professional Studies
- Chartered Psychologist

My employment experience includes:

- 10 years as a research psychologist
- 14 years (to date) as a disability professional in higher education
- 9 years as a consultant for the Beattie Resources for Inclusiveness in Technology and Education (BRITE) initiative
- 6 years (to date) as a member of the Scottish Government's disability-related advisory groups

I am a member of several University committees including:

- Equality and Diversity Working Group
- Healthy Working Lives Group
- Impact Assessment Steering Group
- Estates Steering Group (disability)
- Teaching Awards Committee (for excellence and innovation)

I am a member of several external groups including:

- Scottish Government's Disabled Students' Stakeholder Group (DSSG)
- Scottish Government's 'Toolkit' Validation Panel (quality assurance of needs assessments in Further/Higher Education across Scotland)
- Scottish Funding Council's BRITE Development Team and Mentors Group (until December 2010).

I am also a member of a number of professional societies including:

- British Psychological Society (BPS)
- BPS Division of Teachers and Researchers of Psychology
- National Association of Disability Practitioners (NADP)
- Association of Managers of Student Services in Higher Education (AMOSSHE)

Membership of the above committees and professional societies is based on meeting specific entry criteria (appropriate qualifications and substantive experience), and recognition of expertise in the field.

2. Current Role:

In my current role as Head of Disability Services, I am responsible for the management of a team of ten administrative and professional staff and for all services, systems and facilities. This includes the implementation of effective user-centred services, the development of strategic planning for the Service and monitoring progress against the Service's annual performance indicators. The latter is detailed in the Service's annual reports which I write and publish on the University's intranet annually:

<http://www.dundee.ac.uk/studentservices/disabilityservices/staff-resources/>

A copy of the Service's latest annual report is also provided on the enclosed CD.

In addition, I am responsible for:

- developing the University's disability-related guidance and policy in response to legal requirements and to reflect best practice;
- writing and monitoring the implementation of legally required publications such as the University's Disability Equality Scheme;
- undertaking research and development activities that respond to the national widening access agenda and make a positive contribution to the disability field;
- providing expert guidance to academic staff and senior management on the University's response to disability-related legal requirements that impact on academic areas and the quality assurance framework;
- co-ordinating, developing and delivering disability-related staff development opportunities for all staff across the University;
- identifying reasonable adjustments to teaching and assessment to meet the needs of disabled students without compromising academic standards;
- supporting academic staff to identify core/non-negotiable skills or knowledge that all students must acquire to meet programme requirements, including competence standards set by external professional bodies;
- developing guidance to support inclusive learning/teaching, taking account of fitness to practice and external professional requirements;
- reviewing key University policies to ensure consideration of disability issues; for example the University's Learning and Teaching Strategy, Admissions Policy, Student Placement Policy and Student Assessment Policy;
- attending academic boards/other committees to present and discuss disability-related issues and respond to identified concerns; and
- advising the University of its legal responsibilities under disability legislation, including identifying reasonable adjustments across all areas of University activity, negotiating implementation to mitigate potential risks and acting as the main University contact for disability compliance issues.

This aspect of my role requires extensive knowledge and experience of disability-related legislation, provision and support and an expert understanding of a diverse disabled student/staff population, with increasingly challenging and complex needs, to enable sound judgements on the reasonableness or otherwise of adjustments to be made. It also requires a thorough knowledge and understanding of all aspects of the University's operation, the higher education sector, external drivers/stakeholders and the availability of funding, in order to identify reasonable adjustments to meet individual and anticipated disabled student/staff needs and to advise accordingly.

In this respect, I have a significant role to play in ensuring that the University is compliant with its statutory duties under the Disability Discrimination Act (DDA, 1995, as amended in 2001), (DDA, 2005) and Equality Act (2010), which have a broad impact on the University's strategic operation. Note that the statutory duties under the DDA will remain within the new Equality Act (2010) following the introduction of this Act on 1st October 2010 and the Public Sector Equality Duty (expected in April 2011).

I also provide specialist direction for the University in response to disability-related developments in the sector and nationally. This includes providing expert advice to senior management and staff in all departments across the University on the implications of disability legislation, particularly in relation to the interpretation of reasonable adjustments and less favourable treatment in the context of the University's education, employment and public services. The reasonable adjustment requirement is unique to disability legislation and, as such, requires specialist knowledge and skills beyond that required for the interpretation of other equalities legislation.

The above qualifications and work experience have contributed to my extensive knowledge and understanding of disability issues within a higher education context and enabled the development of a wide range of interpersonal, communication and research skills appropriate to doctoral level study.

In particular they have provided me with a critical understanding of the principal theories, principles and concepts (K1) of relevance to my doctoral studies. This includes a thorough understanding of the disability-related legal and quality assurance frameworks in higher education; the social model of disability (Oliver, 1990) and barriers to access; the impact of a range of impairments on education and employment; the identification of appropriate support solutions, including assistive technology; and the implementation of inclusive practice across all aspects of higher education.

Practice: Applied Knowledge and Understanding (P)

Applying specialist knowledge (as noted above) requires highly developed interpersonal, communication and organisational skills to ensure efficient and appropriate delivery of disability-related services across the University, within the context of competing perspectives, priorities and demands on staff time.

The knowledge and skills I have gained, both as a researcher and as a disability practitioner, have enabled me to progress disability-related developments within the University and the higher education sector in response to both internal and external drivers, including legislative and quality assurance requirements, changing client needs and increasing demand for services.

Contribution to Service Development:

In my role as Access Centre Manager, and latterly (since 2003) as Head of Disability Services, I have developed the University's services for disabled people in response to student and staff needs, to reflect the University's strategic objectives and to support the University's compliance with disability-related legal requirements. Key disability-related developments I have been responsible for to date include:

- establishing and achieving formal accreditation of the University's regional needs assessment service through the National Federation of Access Centres (NFAC) within one year of operation and subsequently achieving formal validation by the Scottish Government in 2007, following dissolution of the NFAC (see Appendix 4);
- making the case for appointing additional specialist staff in response to specific user needs, increasing demand and to meet legislative requirements; including specialist staff to support the specific needs of students and staff with dyslexia, and those with mental health difficulties and social or communication disorders;

- making the case for appointing a dedicated member of staff to manage the provision of Non-Medical Personal Helper (NMPH) services for disabled students (to support the University's response to legal requirement to provide access to auxiliary aids and services and to reduce the administrative burden on disabled students);
- establishing a loan equipment service to support the needs of disabled students who are not eligible for the Disabled Students' Allowance (DSA), including those studying on a less than 50% basis and non-UK domiciled students (to support the University's response to legal requirement to provide access to auxiliary aids and services);
- expanding the University's needs assessment services to identify reasonable adjustments to meet the needs of disabled students, including prospective students, and increasingly disabled staff;
- engaging in external activities that generate additional income for the University, help to increase the University's profile at a national level and enable the University to influence national policy on disability-related funding and quality assurance requirements.

In addition, I have researched and written the University's Disability Equality Schemes (in 2006 and 2009) and associated annual reports that set out the University's progress with promoting equality of opportunity for disabled people and its priorities for action over a three-year period. This has included designing and analysing online surveys of all students and staff at the University, and facilitating focus groups of disabled students and staff.

I have also written a range of disability-related policies and guidance for staff to support the implementation of legal requirements. Further details of these developments are provided below.

Development of the University's Disability Equality Scheme:

The Disability Equality Duty (DDA, 2005) introduced a requirement (from December 2006) for all public bodies, including Universities, to publish a Disability Equality Scheme (DES) that set out their priorities for action to promote equality for opportunity for disabled people over a three year period, and to report on progress annually. Involvement of disabled people in the development and monitoring of the Scheme was essential.

As Head of Disability Services, I was responsible for writing the University's first DES. This involved researching the sector guidance and regulations, identifying and summarising existing disability provision across the University and researching the views of students and staff. The latter included developing and analysing questionnaires for students and staff (see Appendix 2), writing covering memos and awareness raising emails (to be sent by senior management), facilitating focus groups of disabled students and staff, and establishing an online discussion forum on the University's VLE MyDundee. I also wrote dedicated web pages on the new duties to support awareness raising of staff and students and to highlight the University's response: <http://www.dundee.ac.uk/studentservices/disabilityservices/dda.htm>

I analysed the responses from the questionnaires and feedback from the University's online disability discussion forums to identify the University's priorities for action and to develop a draft Disability Equality Scheme (DES) and action plan. A key element of the focus groups was involvement of disabled people in reviewing and refining the University's priorities for action. A summary of the questionnaire results was provided as a starting point for discussion to identify recurrent themes of most concern for staff and/or students. These themes formed the basis of the DES action plan.

I subsequently circulated the University's draft DES for comment to all senior staff with lead responsibility for action across the University, to all of the University's Disability Support Officers, to Trade Union representatives and to the University's Learning and Teaching and Human Resources Committees.

The final version of the DES and action plan were ultimately submitted for consideration and approval by the University Court prior to publication. Further details of the development of this first DES are provided at:

<http://www.dundee.ac.uk/studentservices/disabilityservices/des/>

The full Scheme is provided on the enclosed CD.

I was also responsible for writing annual reports highlighting progress against actions identified in the DES and for the full revision of the Scheme in December 2009 (both available from the above link and on the enclosed CD). The latter included designing and analysing the results of online questionnaires of staff and student views using the Bristol Online Survey service. A summary of the results from this survey are available at:

<http://www.dundee.ac.uk/studentservices/disabilityservices/des2010-12/appendix2.htm>

An important aspect of my role during this time was developing and delivering a range of training opportunities for University staff on the new disability equality duties. On the lead up to the introduction of the legislative changes, I delivered training to over thirty different groups of staff; including at induction for new staff, for staff undertaking the Pg CertTHE, to admissions tutors, and staff in various academic and support departments across the University.

Development of Disability Policy and Guidance

Since my appointment as Head of Disability Services in 2003, I have written a range of disability-related policies and guidance documents to clarify the University's response to emerging legal/quality assurance requirements, to reflect best practice and to support implementation by staff. This has included guidance on handling disability disclosure, marking the work of students with dyslexia and the University's Disability Statement (which provides information on the University's provision for disabled students and applicants):

<http://www.dundee.ac.uk/studentservices/disabilityservices/statement.htm>).

In the last five years, I have written the University's policy on the provision of academic-related reasonable adjustments for disabled students (in 2009) and written guidance on work placement arrangements for disabled students (in 2006), inclusive risk assessment for disabled students and staff (in 2008), and programme approval and review (in 2007), the latter based on the Teachability (2000) approach to assessing the inclusiveness of the curriculum (see Appendix 3 for copies of these policies and guidance).

More recently I have supported the development of guidance documents for disabled staff and line managers in liaison with the University's Human Resources Directorate. This guidance is available at:

http://www.dundee.ac.uk/hr/disabled_staff/

It is difficult to objectively assess the specific impact of such policy and guidance documents. They have certainly proved useful for directing staff to further information when queries arise, and feedback from service users provides some evidence of a positive influence on practice.

Both disabled students and staff consistently report that support from Disability Services has made a significant positive contribution to their time at the University, helping them to overcome any difficulties they face, resolving issues as they arise, supporting them to achieve their goals and improving their overall University experience.

Feedback from disabled students is consistently positive and suggests that academic adjustments to meet their needs are generally being implemented across the University. Further details of the feedback received from disabled students are available in Disability Services' annual reports:

<http://www.dundee.ac.uk/student-services/disability-services/staff-resources/>

The annual report for AY 09/10 is also provided on the enclosed CD.

Recent training on inclusive risk assessment (in liaison with the University's Health and Safety Service and Human Resources) has supported appropriate implementation of risk assessments for disabled staff, and increased disclosure rates for students and staff suggests increased confidence to disclose and an enhanced awareness of the support available.

External quality assurance indicators also provide some evidence of the quality of services provided to disabled students and staff. For example, the University was ranked first internationally for its support for disabled students in the 2010 International Student Barometer. In addition, Disability Services' regional Access Centre, the only University-based needs assessment service in Scotland, successfully met the validation requirements of the Scottish Government following our first submission in 2007 (see Appendix 4).

The Centre is also recognised by the Students' Awards Agency for Scotland (SAAS), Student Finance England, Irish Library Boards, Research Councils and other student funding authorities as well as the Government's Access to Work scheme (for disabled staff).

The final report following the University's most recent Enhancement Led Institutional Review (ELIR) (Quality Assurance Agency for Higher Education, 2010) also highlighted that:

"The Disability Service, its network of officers in schools, and the regional ACCESS Centre with modern facilities for evaluating the needs of individual students, provide support to students across the University. Students provided positive feedback on the work of the Service, indicating that it was thorough and supportive." (page 4, para. 26).

Contribution to University Developments:

Key disability-related developments within the University that I have progressed with colleagues within the past five years include:

- web accessibility service and web accessibility policy developed in liaison with the Digital Media Access Group;
- pilot alternative formats service established in liaison with Information and Communication Services (ICS);
- significant physical access improvements progressed through an ongoing programme of accessibility works in liaison with Estates;
- commitment to host physical access information on the national access register DisabledGo secured in liaison with Estates:
<http://www.disabledgo.com/en/org/university-of-dundee>;
- key academic-related policies reviewed for impact on disabled students in liaison with Academic Affairs;
- guidance for line managers and disabled staff developed in liaison with Human Resources;
- compulsory equality and diversity training for all staff introduced in liaison with the University's Equality and Diversity Officer;
- inclusive practice website and associated annual awards currently under development in liaison with the Web Accessibility Service, Quality Assurance Unit and the Library and Learning Centre.

Such developments have been identified and progressed in response to legal requirements, good practice in the sector and feedback from staff and students following annual service review and reflection on practice.

Contribution to National Policy and Practice:

Key contributions I have made to national policy and practice in the past five years have primarily arisen from my membership of disability-related external groups including:

- a member of the Scottish Government's Disabled Students' Stakeholder Group (DSSG) since its inception in 2004 which influences national policy, funding and practice in relation to disabled students. This has included contributing to the review of the Disabled Students' Allowance (DSA) and Disabled Students' Premium funding;
- a member of the Scottish Government's Quality Assurance and Validation Panel since 2005 that developed the Toolkit of Quality Indicators for Needs Assessment - a quality assurance framework for disabled students' needs assessment across Scotland. This has subsequently required extensive involvement in assessing the quality of Toolkit submissions from Universities and Colleges across Scotland and assessing their needs assessment practices;
- a member of the Scottish Government's Diagnosis and Evidence subgroup that reviewed the systems and diagnostic evidence required for DSA needs assessments and subsequently provided guidance to SAAS and institutions; and
- a member of the BRITE initiative's original development team established in 2001 to develop a training programme, and subsequently a Professional Development Award (SCQF Level 9), for FE College staff in Scotland undertaking needs assessments for disabled students. At time of writing I am still working as a consultant to this project providing mentoring support to FE College staff in a needs assessment role but have tendered my resignation with effect from December 2010 due to work demands.

Contribution to Research

From 1986 to 1996, I was employed as a Research Psychologist on a number of education-related research projects. This included:

- investigating the orthographic processing systems of primary age children with specific learning difficulties, including dyslexia;
- investigating the foundations of literacy in pre-school children and monitoring their subsequent reading development during their first two years at primary school;
- developing a descriptive system for dimensions of special educational needs by a detailed content analysis of Records of Needs; and
- investigating the viability of a range of peer support methodologies as efficient and effective learning support strategies to complement large group instruction within higher education.

The above research projects utilised a range of investigative techniques, including intervention studies, structured interviews and questionnaires, and resulted in a number of peer reviewed publications (see Appendix 1). I wrote all publications where I was first author and contributed to the writing of all others. I was also involved in the design and implementation of the research, the data gathering and analysis, and presentation of the research outcomes at numerous conferences and dissemination events.

Since 1996, I have successfully secured funding for two small scale research projects to investigate specific issues around support for disabled students; the first on training in the use of assistive technology, the second on the use of computers in examinations.

Both projects aimed to research existing practice, identify the key issues and to provide recommendations for practice. This involved designing research tools, recruiting subjects, gathering and analysing data, interpreting and summarising the results, identifying justifiable conclusions and writing the final reports.

Further details of both these projects, including the final reports, are available at the following links:

<http://www.dundee.ac.uk/studentservices/disabilityservices/access/training-packages.htm>

<http://www.dundee.ac.uk/studentservices/disabilityservices/access/technology-guidelines.htm>

I believe the above contributions to developing the University's services, policy and provision for disabled people, to developing national policy and practice in relation to disabled students and staff, and my extensive research background provide evidence of using a significant range of skills and practices associated with the provision of disability-related services (P1); designing and executing research and development projects to deal with new problems and issues (P4); and practicing in the context of new problems and challenges (P6).

Generic Cognitive Skills (G)

My experience as a disability practitioner has enabled the development of a range of higher order cognitive skills. This includes the identification of creative solutions to complex issues relating to the provision of support for disabled students and, increasingly, disabled staff (G3).

As the main University contact for disability compliance issues, I regularly make informed judgements based on complex and, at times, limited data (G4) including making decisions on the reasonableness or otherwise of adjustments, across all areas of University activity. This requires extensive experience of the support and provision available to disabled people and the complex legal and regulatory framework in which such judgements are framed. Further examples include:

- responding to problems by working with academic and other colleagues to identify solutions that meet the needs of all stakeholders;
- anticipating potential problems and identifying appropriate action to prevent or minimise impact;
- using appropriate information sources to identify solutions to often challenging and sensitive issues;
- applying extensive knowledge and experience to resolve/mediate in difficult situations often outwith my immediate area of responsibility;
- using initiative to identify opportunities that support Service delivery and the University's response to disabled people's needs;

I also often research and analyse highly complex, confidential and sensitive matters relating to adjustments for disabled students and staff. This involves assessing detailed information about a person's disability and the impact it has on their studies/work duties. This often requires meeting with other 'stakeholders' (for example, academic staff in the student's School, a member of staff's line manager or external service providers) to discuss the educational/work context, as well as meeting with the individual concerned.

This requires the ability to determine levels of applicability in order to identify an appropriate and reasonable response that best meets all stakeholder needs and the University's legal responsibilities.

I also provide specialist advice and proactive input into the decision-making of others at a strategic level. In particular, I am responsible for identifying the University's priorities for action across all areas of activity to promote equality of opportunity for disabled people. This includes committing considerable University resources (for example in relation to physical access and IT provision) and ensuring priorities reflect changing internal/external demands through ongoing monitoring.

As such, I believe I have developed skills in the critical analysis and evaluation of complex information relating to highly sensitive issues (G1).

Communication, ICT and Numeracy Skills (C)

1. Communication

As Head of Disability Services, I regularly communicate, both verbally and in writing, with a wide range of audiences including students, their parents, student funding authorities, academics, senior management, line managers, disabled staff and external professionals in the disability and higher education field (C1).

This includes:

- communicating effectively and appropriately on a regular basis, including explaining complex and detailed specialist information, to ensure the needs of disabled students, staff and other users of the University's services are met and the University fulfils its statutory duties under disability-related legislation. This requires high levels of listening, negotiating, persuading and interpersonal skills and a diplomatic manner to deal with often challenging, sensitive and potentially litigious situations;
- dealing sensitively and appropriately with people who are angry, emotional or distressed;
- negotiating with senior management and academic staff with potentially different priorities and providing a persuasive argument for the recommended action;
- dealing diplomatically with differences of opinion and resolving or mediating in disputes;
- giving presentations/workshops to senior management, University committees, individual Schools and Services on a regular basis to ensure awareness of disability-related issues is maintained, legal requirements are responded to in a timely and appropriate manner and specific issues or concerns are addressed. This requires a thorough understanding of the implications of disability legislation for all areas of University activity and the ability to surmise and communicate such implications in a concise and relevant manner as appropriate to the intended audience;

- giving presentations/workshops to external audiences as invited on the basis of professional standing and expertise;
- communicating on a regular basis with colleagues in disability-related fields in other Universities to maintain awareness of the sector provision, to share expertise and discuss mutual concerns;
- responding as required on behalf of the University to disability-related requests for information or comment from external bodies and organisations, such as the Scottish Funding Council, the Scottish Government, Universities Scotland and the Equality and Human Rights Commission; and
- writing policies/documents on behalf of the University to meet legislative and quality assurance requirements, such as the University's Disability Equality Scheme and associated annual reports, and the University's submission to the Scottish Government's Toolkit of quality indicators for needs assessments (see Appendix 4).

I also have overall responsibility for co-ordinating, developing and delivering disability-related staff development opportunities for all staff across the University. This requires ongoing involvement with staff to identify and respond to their training needs and to ensure appropriate levels of staff knowledge and awareness of their responsibilities under disability legislation (provision of such training is a possible defence in any legal challenge). This includes disability awareness raising for all staff as well working closely with specific groups of staff to identify ways of modifying their existing practice and developing innovative solutions to meet the needs of disabled learners and employees.

Over the past five years, I have delivered training to over 80 different groups of staff, primarily within the University of Dundee but also to a range of external audiences at meetings and networking events.

This training has typically involved the development and use of PowerPoint presentations, to raise awareness of disability provision/legislation, and sample case studies to stimulate discussion on specific issues such as health and safety or fitness to practice. This has required the ability to communicate information appropriately to specific audiences, responding effectively to questions and issues raised, and the ability to encourage engagement with challenging issues. I have also met on a regular basis with senior managers and academic staff to discuss and agree implementation of disability-related legal and quality assurance requirements within their areas of expertise (C2).

Such communication requires ongoing involvement with staff to respond to their training/development needs to ensure appropriate levels of awareness of their responsibilities under disability legislation and sufficient understanding of disability issues, including evaluating feedback and monitoring progress so that the mode/content of training is suitably adapted to meet staff needs.

In addition, I was until recently involved in developing training materials, monitoring and assessing staff progress and delivering training/mentoring directly to FE College staff through the Scottish Funding Council's BRITE initiative. This training forms part of a Professional Development Award accredited through SCQF at Level 9.

I am also responsible for managing training delivered through our regional Access Centre services to students/staff in Universities and Colleges throughout Scotland and beyond and have, since 2007, been involved in evaluating submissions for the University's Annual Teaching Awards for excellence and innovation.

2. ICT and Numeracy Skills

In my role as Head of Disability Services, I regularly utilise a range of software to support and enhance my work (C3). This includes:

- using computer packages to support delivery of services including MS Office suite, SPSS (statistical analysis), email and the Internet;
- Maintaining and developing Disability Services' website using MED (HTML editing software) to ensure information is up-to-date and accurate and to extend the range of available staff resources:
<http://www.dundee.ac.uk/studentservices/disabilityservices/staff-resources/web.htm>;
- understanding and using specialist assistive technology to support people with a wide range of physical, sensory and cognitive impairments.

In addition, my extensive research background involved the use of a range of qualitative and quantitative data analysis techniques, including questionnaire design, content analysis, structured interviews, focus groups and use of statistical packages such as SPSS (C4). I have utilised and developed these skills in my current role through:

- designing and analysing feedback questionnaires and user surveys for Service and University purposes; for example disability equality surveys;
- analysing user feedback and summarising outcomes for reporting purposes; for example as part of annual monitoring of services;
- reviewing and developing the Service's strategic plans in response to annual performance outcomes, user feedback and internal/external drivers;
- researching disability-related conditions and identifying appropriate sources of support; for example via specialist organisations and professional networks;

- researching Service delivery/provision for disabled people in other institutions and sectors to maintain the University's position as a leader in the disability field and to promote best practice;
- researching funding sources and development opportunities to generate income and make best use of available support at a local and national level to minimise impact on University resources;
- managing disability-related budgets, assets and resources, including the University's Disabled Students' Premium funding;
- monitoring progress against action identified in the University's Disability Equality Schemes across all areas of University activity, analysing data, identifying areas requiring further action or amended timescales and summarising progress for annual reporting purposes.

I believe the above examples provide evidence of utilising a significant range of advanced and specialised communication, ICT and numeracy skills on a regular basis in my work as a disability practitioner.

Autonomy, Accountability and Working with Others (A)

As Head of Disability Services, I have overall responsibility for all decisions affecting the delivery and operation of our services and the University's provision for disabled people. This includes:

- managing and leading a team of professional, administrative and technical staff to ensure the delivery of a range of efficient, user-centred and responsive services, including recruiting and managing external consultants to meet the demand for diagnostic services and regional assessment services;
- enabling staff to fulfil their roles within the Service to the best of their ability, including undertaking regular staff appraisals and supporting ongoing staff development needs;
- managing the Service's income and expenditure budgets and a range of IT resources, including a bank of loan equipment;
- planning and redirecting the Service's strategic priorities to respond to immediate and anticipated user needs and internal/external drivers;
- identifying potential risks to Service delivery/performance and taking appropriate remedial action to minimise impact in a timely manner;
- planning and organising own workload and that of other Service staff to ensure efficient, responsive operation, delivery of user-centred services and development of provision;
- identifying and pursuing opportunities to maximise income generation for the Service and supporting disability-related research/funding proposals in collaboration with other Services and Schools;
- dealing with any complaints about Disability Services and complaints directed at other University Services/Schools by disabled users;
- making decisions on reasonable adjustments to meet the needs of disabled staff, students and other users of the University's services to support the University's statutory responsibilities under the DDA and related legislation;

- approving support/adjustments recommended by other Service staff, including diagnostic outcomes;
- identifying appropriate funding sources and prioritising use of funding to minimise the financial implications of making reasonable adjustments for the University while meeting the needs of disabled people and the requirements of the DDA; for example, identifying funding via DSA, Access to Work, Disabled Students' Premium, charitable sources, other statutory providers or external grants;
- advising senior management on the impact of legislation on institutional practice and identifying the actions required to meet the University's legal responsibilities;
- advising academic staff on adjustments for disabled students, including enabling decisions affecting admissions, teaching and assessment, fitness to practice and risk assessment;
- providing feedback on University policies/procedures, academic programmes and strategic plans to ensure due consideration of legal requirements and disabled people's needs;
- making decisions on Disability Services' expenditure and the use of Disabled Students' Premium and other disability-related grants;
- identifying appropriate funding sources to support disabled students' and staff needs and clarifying joint responsibilities where other service providers have obligations under the DDA or the Education (Additional Support for Learning) (Scotland) Act (2009);
- supporting and negotiating with staff across the University to respond appropriately to the University's responsibilities under the DDA and to develop inclusive practice in their area of responsibility, including through provision of regular updates on disability legislation, training opportunities and supportive guidance through the Disability Support Officer (DSO) network and directly to senior staff, University committees and academic boards;
- collaborating with colleagues across the University to develop services and support for disabled students and staff;

- working with colleagues within Student Operations to support the provision of integrated services and the development of the Directorate generally;
- working with colleagues in other Universities to share good practice on inclusive provision for disabled people;
- representing the University on external groups (such as the Scottish Government's Disabled Students' Stakeholder Group);
- negotiating and responding on behalf of the University in national reviews of disability-related funding and policy to ensure our perspective is appropriately considered;
- working with colleagues in the Scottish Government to establish and monitor national standards on the assessment of disabled students' needs in Further and Higher Education.

I believe the above responsibilities of my role have enabled me to develop and exercise a high level of autonomy and initiative in a professional capacity over many years and provide evidence to support all six 'characteristic outcomes of learning' (A1 – A6) that fall within the 'Autonomy, accountability and working with others' descriptor.

References

Disability Discrimination Act (DDA) (1995). London. HMSO. Available from:
<http://www.legislation.gov.uk/ukpga/1995/50/contents> (22.09.10).

Disability Discrimination Act (DDA) (2005). London. HMSO. Available from:
<http://www.legislation.gov.uk/ukpga/2005/13/contents> (22.09.10).

Education (Additional Support for Learning) (Scotland) Act (2009). London. HMSO. Available from:
<http://www.legislation.gov.uk/asp/2009/7> (22.09.10).

Equality Act (2010) London. HMSO. Available from:
<http://www.legislation.gov.uk/ukpga/2010/15/contents> (22.09.10).

Oliver, M. (1990) *The Politics of Disablement*. Basingstoke Macmillans.

Quality Assurance Agency for Higher Education (2010) *Report on the Enhancement-led institutional review. University of Dundee*. Available from:
<http://www.dundee.ac.uk/qaf/docs/rep.pdf> (05.11.10).

Scottish Credit and Qualifications Framework (SCQF) Handbook: User Guide (2009). Available from:
<http://www.scqf.org.uk/resources/publications.aspx> (22.09.10.).

Teachability (2000) *Creating an Accessible Curriculum for Students with Disabilities*. Scottish Higher Education Funding Council. Available from:
<http://www.teachability.strath.ac.uk> (22.09.10).

Appendices

1. Appendix 1 – Publications
2. Appendix 2 – Disability Equality Scheme Questionnaires
3. Appendix 3 – Key Disability Policies and Guidance
4. Appendix 4 – Initial Validation Submission to Scottish Government

Appendix 1 - Publications

Cross J., Abraham C., Kirkaldy B., Hill S. & Smith, E. (1992) *The Dimensions Used in Records of Needs*. Report to Scottish Office Education Department.

Hill S. (1994) *Student Tutors' Perceptions of their Cognitive and Transferable Skill Development*, in Foot H.C., Howe C.J., Anderson A., Tolmie A.K., Warden D.A. & Robertson I. (eds) Group and Interactive Learning. Southampton: Computational Mechanics Publications.

Hill S. & Topping K.J. (1995) *Cognitive and Transferable Skill Gains for Student Tutors*, in Goodlad S. (ed) Students as Tutors and Mentors. London: Kogan Page.

Hill S. & Topping K.J. (1995) *Students Tutors' Perceptions of Enhancement in their Cognitive Abilities and Transferable Skills*, in Potter J. (ed) Student Tutoring: The UK Experience. London: Community Service Volunteers.

Hill S. & Topping K.J. (1995) *Participant Outcome Evaluation of Student Tutoring: a National UK Survey*, in Potter J. (ed) Research on Student Tutoring. London: Community Service Volunteers.

Hill S. & Topping K.J. (1995) *Reflecting on Student Tutoring: an Analysis of the Tutoring Process and Outcomes for Tutors*, in Potter J. (ed) Research on Student Tutoring. London: Community Service Volunteers.

Topping K.J. & Hill S. (1995) *University and College Students as Tutors for Schoolchildren: a Typology and Review of Evaluation Research*, in Goodlad S. (ed) Students as Tutors and Mentors. London: Kogan Page.

Topping K.J. & Hill S. (1995) *Typology and Evaluation Research Summary of Student Tutoring*, in Potter J. (ed) Student Tutoring: The UK Experience. London: Community Service Volunteers.

Topping K.J. & Hill S. (1995) *Evaluation of Faculty-Wide Student Supported Learning at the University of Central Lancashire: Interview Study*. Dundee: Centre for Paired Learning, Psychology, University of Dundee.

Topping K.J. & Hill S. (1996) *Capability Through Student Tutoring: Research on Effectiveness*. The Journal of Higher Education For Capability, 2(1), 30-38.

Topping K.J. & Hill S. (1996) *The Effectiveness of Student Tutoring: Staff Development Pack*. Dundee: Centre for Paired Learning, Psychology, University of Dundee.

Topping K.J., Watson G.A., Jarvis R.J. & Hill S. (1996) *Same-Year Paired Peer Tutoring in Undergraduate Mathematics*. Teaching in Higher Education, 1(3), 341-356.

Duncan L.G., Seymour P.H.K. & Hill S. (1997) *How Important are Rhyme and Analogy in Beginning Reading?* Cognition, 63, 171-208.

Topping K.J., Simpson G., Thompson L. & Hill S. (1997) *Faculty-Wide Accredited Cross-Year Student Supported Learning*. Higher Education Review, 29(3), 41-64.

Topping K.J., Hill S., McKaig A., Rogers C., Rushi N. & Young D. (1997) *Paired Reciprocal Peer Tutoring in Undergraduate Economics*. Innovations in Education and Training International, 34(2), 96-113.

Hill S., Topping K.J. & Gay B. (1998) *PAL Beyond School*, in K.J. Topping & S. Ehly, (eds) Peer Assisted Learning. Mahwah NJ & London UK: Lawrence Erlbaum.

Duncan L.G., Seymour P.H.K. & Hill (2000), *A Small-to-Large Unit Progression in Metaphonological Awareness and Reading?* Quarterly Journal of Experimental Psychology, 53A (4), 1081-1104.

Appendix 2 – Questionnaires Developed for Disability Equality Schemes

1. Disability Provision Questionnaire and covering memo (written in 2005)
2. Student Survey (written in 2006)
3. Staff Survey (written in 2006)
4. Student/Staff Survey (written in 2009) (online; Bristol Online Survey Service: <http://www.survey.bris.ac.uk>)

DISABILITY PROVISION QUESTIONNAIRE

Your Name: _____ Your Department: _____

Position within Department: _____ Date: _____

Head of Department Signature: _____

If you are based in an Academic Department or School, please complete all sections of this questionnaire with respect to provision for disabled students in your department. If you are based in a Student or Academic Support Service, please complete sections 3, 4, 7, 8, 9 and 10. Please add any comments and tick the 'Training' column if you require further information or training for staff on specific issues. Please return completed questionnaires to University Secretary, by **24th June 2005**. Any queries should be directed to Head of Disability Services: (email provided)

Section 1: Information for Applicants		Yes	No	Comments	Training
1.	Are the core requirements of your modules/courses and your teaching and assessment methods identified in recruitment material?				
2.	Is core course/module information available to external users via an accessible website to enable prospective students to make informed choices prior to application?				
3.	Are contact details for your department's Disability Support Officer (DSO) and Disability Services provided in recruitment material?				
Section 2: Selection and Admissions Procedures		Yes	No	Comments	Training
4.	Are applications from disabled students considered in line with the University's responsibilities to make 'reasonable' and 'anticipatory' adjustments?				
5.	Are admissions tutors aware of core course/module requirements and the scope for flexibility to meet individual disabled students' needs?				
6.	Has clarification been sought from external professional bodies regarding 'fitness to practice' criteria and the options for 'reasonable adjustments'?				

Section 3: Confidentiality and Disclosure		Yes	No	Comments	Training
7.	Are staff aware of the University's policies on data protection and record management?				
8.	Do staff know what to do if a student discloses a disability whether at application, interview or at a later stage in their course?				
9.	Are students given repeated opportunities to disclose a disability e.g. prior to arranging work placements?				

Section 4: Induction and Communication		Yes	No	Comments	Training
10.	Do you offer individual induction to your department for disabled students if required?				
11.	Are students provided with information on Student Services and how to access specialist support?				
12.	Do your systems for communicating with students take account of disabled students' needs?				

Section 5: Learning and Teaching		Yes	No	Comments	Training
13.	Are the needs of disabled students routinely considered during course approval/review including e.g. adjustments for lectures, practicals, fieldwork or work placements?				
14.	Can all course materials be made available in accessible formats if required?				
15.	Are staff aware of inclusive teaching practices e.g. facilitating lip reading by facing the class when talking, making lecture slides available in advance of the class?				

Section 6: Examinations, Assessment and Progression		Yes	No	Comments	Training
16.	Do arrangements for timetabling of class exams take account of disabled students' needs?				
17.	Are reasonable adjustments made to assessment methods to accommodate disabled students' needs e.g. allowing a deaf student to present an oral presentation through a sign language interpreter?				
18.	Is the progression of disabled students monitored?				

Section 7: Physical Environment		Yes	No	Comments	Training
19.	Is your department physically accessible to disabled students e.g. those with restricted mobility, visual impairment, or those who are deaf or hard of hearing?				
20.	Are staff aware of the impact of the physical environment on disabled students e.g. lecture theatre acoustics and lighting, format of information signs?				
21.	Have options for the provision of 'services' been considered where alterations to the physical environment are not 'reasonable' e.g. remote access to lectures, meeting students in alternative accessible venues?				
22.	Do your emergency evacuation arrangements take account of the needs of disabled students? (see http://www.dundee.ac.uk/safety/Policy/05-2005.htm for details of the University's Fire Safety Policy).				

Section 8: Staff Development and Training		Yes	No	Comments	Training
23.	Are staff aware of the University's legal responsibilities under the Disability Discrimination Act (DDA)?				
24.	Have staff undertaken basic disability awareness training?				
25.	Is staff attendance at disability-related training events monitored?				

Section 9: Quality Assurance		Yes	No	Comments	Training
26.	Are the views of disabled students in your department canvassed on a regular basis?				
27.	Do you monitor the impact on disabled students of changes to your policies, practices and procedures?				
28.	Does your department have a transparent complaints and appeals procedure for disabled students?				

Section 10: Other Comments

Please provide any additional information/comments in relation to your department's or the University's provision for disabled students.

Thank you for completing this questionnaire.

DISABILITY PROVISION QUESTIONNAIRE – MEMO (written for the University Secretary)

To: Heads of Academic and Support Units
Directors of Support Services

From: University Secretary

Subject: **Disability Provision Questionnaire**

Date: 28 March 2005

cc: Disability Support Officers
Faculty Secretaries

The Disability Discrimination Act 1995 (DDA) places statutory duties on the University to make reasonable adjustments to meet the needs of disabled staff (under Part 2 of the DDA), disabled students (under Part 4) and other disabled users of our facilities and services (under Part 3).

The DDA is to be amended during 2005 by the Disability Discrimination Bill which will introduce new public sector duties under Part 5a of the DDA. Full implementation is expected by December 2006. This Bill will place significant new duties on Universities to promote equality of opportunity for disabled people and to publish, implement and monitor a Disability Equality Scheme. This will require a shift in emphasis from a reactive approach to tackling discrimination to a proactive, whole institution approach to promoting the full participation of disabled people in all of our activities.

At a meeting of the Equal Opportunities Working Group (EOWG) on 1st March 2005, it was agreed that a starting point for the University's response to the new statutory duties would be to undertake a self-assessment of our current provision for disabled students at the departmental level. The attached questionnaire, based on the RNID's 'HeadStart' self-assessment tool, has recently been approved by the EOWG as a method of achieving this. This is only one of a number of activities that the University will be undertaking in preparation for the new DDA duties.

The questionnaire is an attempt to obtain an indication of our current provision for disabled students and is not intended to be an audit of the University's compliance with our DDA responsibilities. The latter would require a comprehensive review of all of our policies, practices and procedures for disabled students, staff and other disabled users of our services. It has previously been circulated to all Disability Support Officers (DSOs) for comment and amended accordingly.

As responsibility for implementation of the DDA duties at the departmental level rests with the Head of Department (HOD), it is important that the HOD takes responsibility for completing the attached questionnaire. You should do so in consultation with your departmental DSO and any other relevant staff as

deemed appropriate. Indeed, it may be necessary to survey staff opinion within your department in order to respond to some of the questions.

Completed questionnaires should be returned to Head of Disability Services (address removed) by **10th June 2005**. If you have any queries, or would prefer the questionnaire in electronic form, please contact (name removed). Thank you.

Disability Equality Questionnaire - Student

Introduction:

Recent amendments to the Disability Discrimination Act (DDA) will introduce a new Disability Equality Duty from December 2006. This will require all public sector authorities, including Universities, to shift away from a reactive approach to tackling disability discrimination to a proactive approach that encourages inclusion and promotes the full participation of disabled people in all activities.

In response to the requirements of the new legislation, the University is developing a Disability Equality Scheme (DES) for publication by 5th December 2006. The DES will set out our arrangements for assessing and monitoring the impact of our policies and activities on disabled people, our data gathering and monitoring mechanisms and our priorities for action. The involvement of disabled people in developing the DES is essential.

This questionnaire is one method the University is using to enable staff and students to contribute to the development of our DES. An online forum for this purpose has also been established on My Dundee. Further details are available at: <http://www.dundee.ac.uk/disabilityservices/disability/DDA.html>

Confidentiality:

The responses you provide to this questionnaire will be kept entirely confidential and will only be reported in an anonymous format to inform the development of the University's Disability Equality Scheme. If you would like to include your personal contact details there is a space for you to do so at the end of the questionnaire. This will enable us to contact you if there are any specific issues that you wish to discuss. Any personal or sensitive data that you provide will be processed in accordance with the Data Protection Act 1998.

Completing the Questionnaire:

The questionnaire should only take a few minutes to complete. Please place a '✓' or 'X' in the check boxes to indicate your response. Please return completed questionnaires by email or send a hard copy to the address below **by Friday 30th June 2006**:

(Contact details removed)

Please contact Disability Services if you require this questionnaire in an alternative format.

Section A: Disability Status and Disclosure

1. A disabled person is defined in the Disability Discrimination Act (DDA) as someone who has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”. This definition covers a wide range of physical, mental and sensory impairments, including specific learning difficulties, such as dyslexia.

Having read this, do you consider yourself to be covered by the definition?

Yes (go to Q2)		No (go to Section B)	
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2. Please indicate the nature of your disability (please tick all that apply):

Dyslexia/ Specific Learning Difficulty		Wheelchair user/ mobility difficulties		Chronic progressive condition (e.g. MS, Cancer)	
Blind/ partially sighted		Upper limb or back problem/ Repetitive Strain Injury (RSI)		Chronic recurrent condition (e.g. asthma, epilepsy)	
Deaf/ hard of hearing		Mental Health Difficulty		Autistic Spectrum Disorder (inc. Asperger Syndrome)	
Other (please specify)					

3. Did you declare a disability when applying to Dundee University?

Yes (go to Q6)		No (go to Q4)		Don't Know (go to Q5)	
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4. If you answered 'No', what were your reasons for not disclosing?

I did not have a disability at the time		I feel this information is not study-related		I do not remember being given the opportunity	
I did not consider it to be relevant to my studies at the time		I was unaware of the benefits of doing so		I was concerned I might be discriminated against	
Other (please specify)					

5. Have you disclosed your disability to Dundee University since?

Yes (go to Q6)		No (go to Q8)	
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6. To whom did you disclose?

On application form		My department's Disability Support Officer	
Disability Services		Adviser of Studies/ Personal Tutor	
Admissions Tutor		Another member of University staff	
Other (please specify)			

7. How would you rate the level of response you received upon disclosure?

Poor		Average		Good		Excellent	
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8. Have you any suggestions to make it easier for students to disclose a disability?

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Section B: Disability Equality Scheme

1. In order that the University's Disability Equality Scheme reflects the needs of disabled staff, students and other members of the University Community, what do you feel are the **key** areas of University activity that the Scheme needs to focus on? (please tick all that apply)

Learning and teaching	<input type="checkbox"/>	Communication and information (e.g. web)	<input type="checkbox"/>
Assessment and examinations	<input type="checkbox"/>	IT support and infrastructure	<input type="checkbox"/>
Services for disabled students	<input type="checkbox"/>	Services for disabled staff	<input type="checkbox"/>
Student/ staff induction	<input type="checkbox"/>	Staff development and training	<input type="checkbox"/>
Student admissions	<input type="checkbox"/>	Staff recruitment	<input type="checkbox"/>
Student retention and progression	<input type="checkbox"/>	Staff retention and progression	<input type="checkbox"/>
Physical environment	<input type="checkbox"/>	Public activities/ external relations	<input type="checkbox"/>
Other (please specify)			

2. Which do you feel is the single most important area and why?

3. What do you feel are the main barriers faced by disabled people in accessing the University's education, employment and public services?

4. Has this questionnaire missed any important issues with regard to the experience and participation of disabled staff, students and other members of the University community? If so, what are they?

Thank you for taking the time to complete this questionnaire

Information from this questionnaire will be used anonymously. However, if you wish to provide your contact details, Disability Services will respond to any specific issues raised.

Name:		Email:	
Department:		Telephone:	

Disability Equality Questionnaire - Staff

Introduction:

Recent amendments to the Disability Discrimination Act (DDA) will introduce a new Disability Equality Duty from December 2006. This will require all public sector authorities, including Universities, to shift away from a reactive approach to tackling disability discrimination to a proactive approach that encourages inclusion and promotes the full participation of disabled people in all activities.

In response to the requirements of the new legislation, the University is developing a Disability Equality Scheme (DES) for publication by 5th December 2006. The DES will set out our arrangements for assessing and monitoring the impact of our policies and activities on disabled people, our data gathering and monitoring mechanisms and our priorities for action. The involvement of disabled people in developing the DES is essential.

This questionnaire is one method the University is using to enable staff and students to contribute to the development of our DES. An online forum for this purpose has also been established on My Dundee. Further details of this and the new duties are available at:

<http://www.dundee.ac.uk/disabilityservices/disability/DDA.html>

Confidentiality:

The responses you provide to this questionnaire will be kept entirely confidential and will only be reported in an anonymous format to inform the development of the University's Disability Equality Scheme. If you would like to include your personal contact details there is a space for you to do so at the end of the questionnaire. This will enable us to contact you if there are any specific issues that you wish to discuss. Any personal or sensitive data that you provide will be processed in accordance with the Data Protection Act 1998.

Completing the Questionnaire:

The questionnaire should only take a few minutes to complete. Please place a '✓' or 'X' in the check boxes to indicate your response. Please return completed questionnaires by email or send a hard copy to the address below **by Friday 30th June 2006**:

(Contact details removed)

Please contact Disability Services if you require this questionnaire in an alternative format.

Section A: Disability Status and Disclosure

1. A disabled person is defined in the Disability Discrimination Act (DDA) as someone who has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”. This definition covers a wide range of physical, mental and sensory impairments, including specific learning difficulties, such as dyslexia.

Having read this, do you consider yourself to be covered by the definition?

Yes (go to Q2)		No (go to Section B)	
----------------	--	----------------------	--

2. Please indicate the nature of your disability (please tick all that apply):

Dyslexia/ Specific Learning Difficulty		Wheelchair user/ mobility difficulties		Chronic progressive condition (e.g. MS, Cancer)	
Blind/ partially sighted		Upper limb or back problem/ Repetitive Strain Injury (RSI)		Chronic recurrent condition (e.g. asthma, epilepsy)	
Deaf/ hard of hearing		Mental Health Difficulty		Autistic Spectrum Disorder (inc. Asperger Syndrome)	
Other (please specify)					

3. Did you declare a disability when applying for your current job?

Yes (go to Q6)		No (go to Q4)		Don't Know (go to Q5)	
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4. If you answered 'No', what were your reasons for not disclosing?

I did not have a disability at the time		I feel this information is not work-related		I do not remember being given the opportunity	
I did not consider it to be relevant to my role		I was unaware of the benefits of doing so		I was concerned I might be discriminated against	
Other (please specify)					

5. Have you disclosed your disability to Dundee University since?

Yes (go to Q6)		No (go to Q8)	
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6. To whom did you disclose?

My line manager		Head of Department	
A colleague		Occupational Health	
Personnel Services		Disability Services	
Other (please specify)			

7. How would you rate the level of response you received upon disclosure?

Poor		Average		Good		Excellent	
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8. Have you any suggestions to make it easier for staff to disclose a disability?

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Section B: Disability Equality Scheme

1. In order that the University's Disability Equality Scheme reflects the needs of disabled staff, students and other members of the University Community, what do you feel are the **key** areas of University activity that the Scheme needs to focus on? (please tick all that apply)

Learning and teaching	<input type="checkbox"/>	Communication and information (e.g. web)	<input type="checkbox"/>
Assessment and examinations	<input type="checkbox"/>	IT support and infrastructure	<input type="checkbox"/>
Services for disabled students	<input type="checkbox"/>	Services for disabled staff	<input type="checkbox"/>
Student/ staff induction	<input type="checkbox"/>	Staff development and training	<input type="checkbox"/>
Student admissions	<input type="checkbox"/>	Staff recruitment	<input type="checkbox"/>
Student retention and progression	<input type="checkbox"/>	Staff retention and progression	<input type="checkbox"/>
Physical environment	<input type="checkbox"/>	Public activities/ external relations	<input type="checkbox"/>
Other (please specify)			

2. Which do you feel is the single most important area and why?

3. What do you feel are the main barriers faced by disabled people in accessing the University's education, employment and public services?

4. Has this questionnaire missed any important issues with regard to the experience and participation of disabled staff, students and other members of the University community? If so, what are they?

Thank you for taking the time to complete this questionnaire

Information from this questionnaire will be used anonymously. However, if you wish to provide your contact details, Disability Services will respond to any specific issues raised.

Name:		Email:	
Department:		Telephone:	

Appendix 3 – Key Disability-Related Policies and Guidance

1. Overview of the Disability Discrimination Act (written in 2005)
2. Work Placements Guidance (written in 2006)
3. Module/Programme Approval and Review Guidance (written in 2007)
4. Inclusive Risk Assessment Guidance (written in 2008)
5. Academic Adjustments Policy (written in 2009)

Note that all of the above policy and guidance documents are subject to review following the introduction of the Equality Act (2010) on 1st October 2010 and the expected introduction of the Public Sector Equality Duty from April 2011.

OVERVIEW OF THE DISABILITY DISCRIMINATION ACT (DDA)

WHAT IS THE DDA?

The Disability Discrimination Act 1995 (DDA) places statutory duties on Universities to make reasonable adjustments to meet the needs of disabled staff (under Part 2 of the DDA), disabled students (under Part 4), and other disabled users of our facilities and services (under Part 3). This paper relates primarily to Part 4 of the DDA.

The DDA was extended to education (to form Part 4) following amendments introduced by the Special Educational Needs and Disability Act 2001 (SENDA). The legislation has been introduced in three stages:

- **From 1st September 2002:** It is unlawful to treat disabled students less favourably in admissions, exclusions and 'student services', and institutions are required to make reasonable adjustments to provision where disabled students would otherwise be substantially disadvantaged.
- **From 1st September 2003:** Institutions are required to provide access to auxiliary aids and services (e.g. sign language interpreters for deaf students).
- **From 1st September 2005:** Institutions are required to make reasonable adjustments to physical features of their buildings and environment (e.g. provision of loop systems).

The DDA applies to **every** aspect of an institution's provision and services for students. 'Student services' includes all aspects of student recruitment, teaching and learning, research facilities, assessment and examination arrangements, library and IT resources, student support services, and residential and leisure facilities. This is not an exhaustive list.

The Disability Rights Commission (DRC) has produced Codes of Practice to accompany the DDA. Following the merger of the DRC with the Equality and Human Rights Commission (EHRC), the Codes are available on the EHRC website: <http://www.equalityhumanrights.com> They are also available via the 'Legislation' section of Disability Services' website: <http://www.dundee.ac.uk/studentservices/disabilityservices/staff-resources/web.htm>

Definition of 'Disability' under the DDA:

The legislation uses a wide definition of disability and includes students with mobility, visual or hearing impairments, students with dyslexia or medical conditions such as epilepsy, and students with mental health difficulties. Disability is defined as an impairment that has a substantial, adverse and long-term effect on the student's ability to undertake normal day-to-day activities. Short-term impairments (e.g. a broken arm) are not covered by the Act. Following amendments introduced by the Disability Discrimination Act 2005 (see page 5), the definition of disability has been widened to include people with long-term conditions (such as multiple sclerosis, cancer and HIV) at the point of diagnosis.

Definition of 'Student' under the DDA:

The DDA is not restricted to those students who are eligible for the Disabled Students' Allowance (DSA). Prospective students, continuing education students, distance learners and overseas students are all covered by the new legislation, whether or not they are eligible for the DSA. This means that if a disabled student is enrolled on a course, or is thinking about enrolling on a course, anything the institution does is likely to be covered by the DDA.

Confidentiality and Disclosure:

There is **no** duty on the student to disclose that they have a disability but there is a duty on the institution to enquire about this. If a student requests confidentiality that does not negate the institution's responsibilities under the DDA and does not mean that no reasonable adjustments can be made.

It may be possible to provide some adjustments without further disclosure (e.g. providing access to lecture material electronically), although this may mean that the student's needs may not be fully met. It is important that the student is advised of this and a written record kept of the agreed decision on disclosure (see guidance on handling disability disclosure).

Institutions also have a duty to **anticipate** the needs of disabled students generally whether an individual student chooses to disclose or not. For some students this may mean that there is no need for them to disclose their disability as their course is fully accessible to all students and no adjustments are therefore necessary.

Limits of 'Reasonableness':

In determining 'what is a reasonable adjustment', the DRC's Code of Practice for Part 4 of the DDA states that the following are some of the factors which might be taken into account:

- Maintenance of academic standards
- Financial resources available to the institution
- Cost of making a particular adjustment
- Grants available to disabled students (e.g. Disabled Students' Allowance)
- Extent to which it is practicable to make a particular adjustment
- Health and safety requirements
- Relevant interests of other people, including other students

However, there is no justification for failing to make a reasonable adjustment and the responsibility rests with the institution to demonstrate that they have not treated a disabled student less favourably. There is, as yet, no case law for the DDA Part 4 in the UK although a number of cases have been settled out of court. The legal impact of the extension of the DDA to education is therefore currently unclear but the legal advice, following several cases in Australia, is that it would be unwise for an institution to put the legislation to the test.

WHAT ARE THE UNIVERSITY'S RESPONSIBILITIES UNDER THE DDA?

The University's Governing Body (i.e. Court) is the responsible body under the DDA and is legally liable for the actions of the institution as a whole, and for the actions of individual employees. Individual employees may also be held responsible for aiding an unlawful act if they knowingly discriminate against a disabled student.

In order to comply with the DDA, the University is advised to:

- Consider what reasonable adjustments might be necessary **in anticipation** of the needs of disabled students and arrange for these adjustments to be implemented.
- Ensure arrangements for determining admissions are transparent and equitable.
- Take all reasonable steps to find out about a student's disability, including offering students repeated opportunities to disclose.
- Encourage an atmosphere of disclosure linked to clear and consistent policies on confidentiality and data protection.
- Encourage a culture of inclusiveness that fosters the development of an equitable learning environment.
- Ensure that accessibility issues are routinely considered during programme approval and review, and in all decisions regarding strategic planning and resource allocation.
- Establish effective communication systems for student referral and recommendation processes that take due regard of confidentiality and data protection requirements.
- Establish effective student support systems with appropriately trained, experienced and resourced staff.
- Provide all staff with regular disability-related training opportunities and consider making elements of such training (e.g. DDA compliance) compulsory.
- Allocate resources to implement inclusive teaching and assessment practices and to establish accessible facilities.
- Regularly review and evaluate all policies, procedures and practices to assess their impact on disabled students.
- Maintain records and collate statistics on the admission, retention and progression of disabled students.
- Establish an effective and transparent complaints procedure.

WHAT SHOULD STAFF DO TO COMPLY WITH THE DDA?

In order to comply with the DDA, all staff are advised to:

- Attend disability-related staff development opportunities.
- Help raise awareness of Disability Services.
- Encourage students to contact Disability Services if they disclose that they have a disability and ensure that our Disability Disclosure Form is completed and returned to Disability Services with the student's consent.
- Advise students of the potential implications of non-disclosure i.e. it may not be possible for some adjustments to be made to meet their needs.
- Keep a written record of agreed adjustments and agreed decisions on disclosure.
- 'Think inclusive' in all interactions with students generally.
- Avoid making assumptions about e.g. a student's behaviour, capabilities or academic performance. Not all disabilities are 'visible', and disability labels take no account of individual differences and learning needs.
- Be prepared to listen to students if they raise any issues about accessing the 'student services' your department delivers.
- Be flexible in what you do so that, if a problem arises, you can offer alternatives that may better meet a student's individual needs.
- Consider how flexibility can be built into the design and delivery of teaching and assessment methods to reduce the need for reactive adjustments to be made.
- Identify the core competence standards for your subject/course i.e. the essential skills and knowledge that students need to demonstrate and acquire.
- Consider alternative ways in which core competence standards could be taught and assessed.
- Ensure information on core competence standards and your teaching and assessment methods are explicit in programme/module descriptors to enable disabled students and applicants to make informed choices about their programme of study.
- Encourage other staff in your department to do all of the above and ensure that visiting staff and course contacts elsewhere (e.g. on work placements) are aware of the University's responsibilities under the DDA.
- Remember that the Disability Services department is here to support staff as well as students so please contact us for further information and advice.

RELATED AMENDMENTS TO THE DDA

DDA Part 2 - Employment & Occupation/ Trade Organisations & Qualifications Bodies:

As of 1st October 2004, work placement providers (e.g. schools, hospitals, businesses) are required to make reasonable adjustments to meet the needs of disabled students undertaking a work placement within their organisation i.e. the student should be treated as a disabled employee for the duration of their work placement. The length of the work placement is a relevant factor when determining the “reasonableness” of any adjustments. The University still has a separate duty under Part 4 of the DDA to make reasonable adjustments to the arrangements we make for disabled students to undertake work placements. It is clear from the Disability Rights Commission’s (DRC’s) guidance that Universities and work placement providers are expected to liaise to ensure that appropriate adjustments are identified and implemented in the work placement setting.

In addition, qualifications bodies (e.g. General Medical Council) are now required to make reasonable adjustments to their procedures for conferring professional qualifications and their procedures for assessing competence standards. They must review the basis for these standards and determine any options for flexibility to accommodate disabled students’ needs. Again, the DRC’s guidance makes it clear that Universities and qualifications bodies are expected to liaise to ensure that the needs of disabled students are met. Departments/ Schools offering courses that are accredited by external professional bodies should therefore seek clarification of any fitness to practice criteria/competence standards from their respective professional bodies and must ensure that any standards set are “genuine”.

DDA Part 5a - Disability Equality Duty (introduced by the Disability Discrimination Bill):

The DDA was amended during 2005 by the Disability Discrimination Bill which introduced a new Disability Equality Duty from 5th December 2006. This placed significant new duties on public sector bodies, including Universities, to:

- Eliminate unlawful discrimination and harassment of disabled people
- Promote equality of opportunity for disabled people
- Treat disabled people “more favourably” where necessary to meet their needs
- Publish, implement and monitor a Disability Equality Scheme

The Disability Equality Duty requires a shift away from a reactive approach to tackling discrimination to a proactive, whole institution approach to promoting the full participation of disabled people in all of our activities. Universities need to review all policies, practices and procedures to identify any potential for disability discrimination and to plan strategically towards the provision of inclusive education, employment and public services. The active involvement of disabled people in this process is central to the new duty.

There is also a specific duty on Universities to publish a Disability Equality Scheme (DES), to report on progress annually and undertake a full review every three years, to undertake impact assessments to monitor and measure progress, and to use the outcome of these assessments to inform future planning.

DES's also need to take account of the dynamic and often unseen nature of disability, the specific impact attitudinal and "environmental" (in the widest sense) barriers can have on access by disabled people, and the duty on Universities to make reasonable adjustments to provision where disabled people would otherwise be substantially disadvantaged.

The statutory Code of Practice for Scotland to accompany the new legislation is available from the EHRC website: <http://www.equalityhumanrights.com> The University's DESs are available at: <http://www.dundee.ac.uk/studentservices/disabilityservices/dda.htm>

USEFUL WEB RESOURCES

Accessible Curricula: Good Practice for All (in Adobe PDF format):
<http://www.techdis.ac.uk/resources/files/curricula.pdf>

Action on Access:
www.actiononaccess.org

DART (Disabilities Academic Resource Tool)
<http://dart.lboro.ac.uk>

DDA compliance in HE (in Adobe PDF format):
<http://www.plymouth.ac.uk/assets/SWA/Sendadoc.pdf>

Developing an inclusive curriculum for disabled students:
<http://www2.glos.ac.uk/gdn/icp/>

Disability Legislation: Practical Guidance for Academic Staff:
<http://www.ecu.ac.uk/publications/disability-legislation-practical-guidance-for-academic-staff-revised>

Higher Education Academy (HEA) disability resources:
<http://www.heacademy.ac.uk/ourwork/teachingandlearning/inclusion/disability>

Equality Challenge Unit's disability guidance:
<http://www.ecu.ac.uk/guidance/>

Implementing accessibility for disabled students in VLE environments:
<http://www.saradunn.net/VLEproject/index.html>

Making reasonable adjustments:
<http://www.nottingham.ac.uk/academicsupport/adjustments/index.html>

Making research education accessible:
<http://www.premia.ac.uk>

Making teaching inclusive:
<http://www.open.ac.uk/inclusiveteaching>

Managing off-campus learning for disabled students:
<http://www.disabilitytoolkits.ac.uk>

Online materials for staff disability awareness:
<http://jarmin.com/demos>

Organising accessible events:
<http://www.techdis.ac.uk/getaccessibleevents>

Providers of accessible formats:
http://www.update.org.uk/new_web/public_pages/Transcription.php

Providing work placements for disabled students:
<http://www.lifelonglearning.co.uk/placements>

QAA Code of Practice for Disabled Students:
<http://www.qaa.ac.uk/academicinfrastructure/codeOfPractice/section3/default.asp>

SKILL: National Bureau for Students with Disabilities:
<http://www.skill.org.uk>

Student Mental Health: Planning, Guidance and Training:
<http://www.studentmentalhealth.org.uk>

Teachability Project (creating accessible lectures etc.):
<http://www.teachability.strath.ac.uk>

TechDis resources, articles and materials:
<http://www.techdis.ac.uk>

Web accessibility resources:
<http://www.accessify.com>

All of the above websites are available in the resources section of Disability Services' website: <http://www.dundee.ac.uk/studentsservices/disabilityservices/staff-resources/> including specific guidance for Dundee University staff on arranging work placements for disabled students, handling disability disclosure, auditing the accessibility of programmes and modules, marking the work of students with dyslexia, allowing disabled students to record lectures and undertaking inclusive risk assessments.

Disability Services, University of Dundee

Student Placement Policy – Guidance for Disabled Students

1. Legal Context

- 1.1 The Disability Discrimination Act (DDA) (Part 4) requires Universities to ensure that students are not discriminated against for reasons relating to their disability whilst on a placement arranged by the University.
- 1.2 The DDA (Part 2) obliges work placement providers not to discriminate on the grounds of disability and to make reasonable adjustments to meet the needs of disabled students undertaking a work placement within their organisation. The student is considered to be an employee, and therefore covered by the employment provisions of the Act, for the duration of the work placement.
- 1.3 The Code of Practice for the DDA (Part 2) indicates that Universities and placement providers should work together to ensure that appropriate adjustments are identified and implemented in the work placement setting:

“It would be reasonable to expect the sending organisation and the placement provider to co-operate to ensure that appropriate adjustments are identified and made....in the light of their respective obligations under the Act.” (Code of Practice, DDA Part 2, 9.50).

2. Quality Assurance Framework

QAA Code of Practice: Section 3 (Students with Disabilities): Precept 11

“Institutions should ensure that, wherever possible, disabled students have access to academic and vocational placements including field trips and study abroad. Where placements, including international placements, are a formal requirement or standard component of the programme, institutions should consider ways of ensuring that the specified learning opportunities are available to disabled students by:

- Seeking placements in accessible contexts;
- Providing specialist guidance on international placements;
- Re-locating field trips to alternative sites or providing alternative experiences where comparable opportunities are available which satisfy the learning outcomes;
- Working with placement providers to ensure accessibility;
- Providing support before, during and after placements that takes account of the need of any disabled student, including transport needs.

Where a placement is an optional but desirable element of the programme, institutions should consider making similar arrangements to support access for disabled students.”

3. Recommended Procedure

Schools that run programmes involving placements should ensure that disabling barriers are identified and removed, as far as reasonably possible, to enable equality of experience for disabled students in response to the requirements of the DDA. The following procedures are recommended to support this:

- 3.1 Survey of placement providers.** Schools should undertake and maintain a survey of placement providers to establish, as far as possible, the accessibility of their buildings and practices before they are approved. This can be undertaken by asking them to complete a ‘Disability Questionnaire’ (sample in Appendix 1).
- 3.2 Provision of information to applicants.** Details of the programme requirement to undertake placements and the availability of suitable providers should be made available to prospective students and applicants. Such information should also cover the action the School would take in supporting disabled students both to seek and maintain an appropriate work placement.
- 3.3 Support in securing a suitable placement.** Placement organisers should work with individual disabled students and placement providers to ensure that any reasonable adjustments are identified and agreed, and disabling barriers are removed wherever possible. Alternative placement opportunities should be arranged where necessary. Comparable learning alternatives to the off-campus placement experience should be provided where, after thorough consideration and discussion with the student, it is not possible to find a suitable placement that meets the student’s disability-related needs. This is likely to be very rare.
- 3.4 Support for students during placements.** Support available to disabled students on the programme extends to their work placement. Often the support available is extensive, but can take some time to put in place. The nature and level of support that is appropriate may be different from that provided whilst students are studying at the University. Early liaison with Disability Services is advisable.
- 3.5 Support for placement providers.** Where required, Disability Services will provide support to placement providers, such as awareness training on specific disability issues.
- 3.6 Disability Disclosure Consent.** Placement organisers should be aware of personal (for the student) and legal (for the University) issues surrounding disclosure of information about a student’s disability to a placement provider. The student may need support in

deciding whether or how to disclose a disability, and the University may have a legal obligation to pass on (or not to pass on) this information. Advice on this issue can be sought from Disability Services, the relevant professional body where applicable, and the University's Data Protection Officer. Justification for disclosure without the student's consent on the basis of Health and Safety concerns should not be used without an individual risk assessment. The Disability Disclosure Form (Appendix 2) should be completed prior to a disabled student commencing a placement activity.

- 3.7 **Communication with students on placements.** If not already in place, systems should ensure that any problems which arise on placement are tackled promptly before they result in a situation where a student experiences discrimination due to their disability.
- 3.8 **Written agreement with placement provider.** A written agreement should be drawn up which outlines the responsibilities of the placement provider, the University and the student, including responsibility for the provision of reasonable adjustments. A sample placement agreement form is included in Appendix 3.
- 3.9 **Monitoring of placement opportunities.** Schools should monitor and review the effectiveness of their procedures for securing effective and accessible placements for disabled students. This should include feedback from the student and the placement provider. Where students have encountered discrimination during a placement activity, all reasonable steps must be taken by the School to ensure this does not continue or happen again. This may include severing links with the placement provider.
- 3.10 **Staff awareness of legal requirements.** Heads of School should ensure that all staff (but particularly those involved with admissions and placements) are aware of the University's and the placement provider's legal responsibilities in the provision of accessible placement opportunities.

4. Useful Websites

- Creating accessible placements, study abroad and field trips for disabled students: <http://www.teachability.strath.ac.uk/>
- Disability disclosure, confidentiality and evidence in a higher education context:
<http://www.sdt.ac.uk/resources.asp>
- Disabled Social Work students and placements (useful for all disciplines):
<http://www.hull.ac.uk/pedds/>

- Managing off-campus learning for students with disabilities:
<http://www.disabilitytoolkits.ac.uk/>
- Providing work placements for disabled students:
<http://www.lifelonglearning.co.uk/placements/>

All of the above websites and others are available via the 'Guidance and Resources' section of Disability Services' website:
http://www.dundee.ac.uk/disabilityservices/disability/staff_resources.htm

Appendix 1

Disability Questionnaire for Placement Providers

The Disability Discrimination Act (DDA) (Part4) requires Universities to ensure that students are not discriminated against for reasons relating to their disability whilst on a placement arranged by the University. The DDA (Part 2) obliges placement providers not to discriminate on the grounds of disability and to make reasonable adjustments to meet the needs of disabled students undertaking a placement within their organisation. The University of Dundee therefore requests the following information to support the identification of suitable placement opportunities for disabled students:

Name of Placement Provider: _____ **Date:** _____

1. Are you a 'Two Ticks' employer? Yes / No

Note: 'Two Ticks' status is awarded by Jobcentre Plus to employers who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees.

2. Do staff in your organisation receive training in Disability Equality and/or the Disability Discrimination Act (DDA)? Yes / No

If yes, please give details.

3. What accessibility features are available within your organisation e.g. ramps, automatic doors, clear signage, induction loop systems, assistive technology, accessible toilets?

4. Do you operate a flexi-time system? _____ Yes / No

5. Please provide any further information relating to your organisation's approach to the provision of placement opportunities for disabled students and your provision for disabled people generally (e.g. your policy on equality and diversity).

Appendix 2

Disability Disclosure Form – Placement Activity

The University is legally obliged to make reasonable adjustments to meet the needs of disabled students in the arrangements it makes for placement activities. The University ensures that data provided by students about their disability is recorded and processed in accordance with the Data Protection Act 1998. This means that information will only be shared with the written consent of the student unless there is imminent, grave danger to the student or to someone else, or where the University is required to do so by law.

Students have the right to request that information about their disability is withheld from their placement provider. However, it should be noted that a request for confidentiality might mean that a less satisfactory or no reasonable adjustment can be made to meet the student's individual support needs during the placement. Students are therefore encouraged to give their consent to information about their disability being shared with their placement provider where necessary to enable the provision of reasonable adjustments.

Disclosure Consent Given

I.....(print full name) give my consent for information about my disability-related needs to be shared with my placement provider to enable the provision of reasonable adjustments.

Signature of Student: _____ Date: _____

Signature of Staff Member to whom disclosure given: _____

Staff Name (please print): _____ School: _____

Disclosure Consent Withheld

I.....(print full name) do **not** give my consent for information about my disability-related needs to be shared with my placement provider. I accept that, by withholding my consent, it may not be possible for reasonable adjustments to be made to meet my disability-related needs in the placement setting. I confirm that I have been advised of the implications of non-disclosure and I am aware that I can review this decision at any time by contacting the Disability Support Officer (DSO) in my School or my placement organiser.

Signature of Student: _____ Date: _____

Signature of Staff Member to whom disclosure given: _____

Staff Name (please print): _____ School: _____

Appendix 3

Placement Agreement Form – Provision of Reasonable Adjustments

Name of Student: _____

Name of Placement Provider: _____

Placement will take place from (*insert date*): _____ to (*insert date*): _____

Hours of work will be: _____

Placement will be based at (*insert address*):

Student's placement supervisor will be: _____

The following adjustments will be made to meet the above student's disability related-needs for the duration of their placement:

Adjustment	Provider/ Funder of Adjustment

Signed: _____ Placement Organiser Date: _____

Signed: _____ Placement Provider Date: _____

Signed: _____ Student Date: _____

Disability Services, University of Dundee

Teachability Guidance – Module/Programme Approval and Review

1. Legal Context

- 1.1 Under the Disability Discrimination Act (DDA) (Part 4), Universities are required to make reasonable adjustments in anticipation of disabled students' needs and must ensure that disabled students are not treated less favourably than other students for reasons relating to their disability. These duties apply to all "services" the University provides "wholly or mainly" for students, including admissions, exclusions and all aspects of learning and teaching.
- 1.2 The DDA 2005 introduced a new duty on public bodies, including Universities, to promote equality of opportunity for disabled people and to publish a Disability Equality Scheme (DES). The University's DES sets out the action we plan to take over a three year period to promote equality of opportunity. This includes monitoring the University's Learning and Teaching Strategy in the use of the Teachability approach to curriculum design and delivery (University of Dundee DES 2006-2009, Action 3.3)
- 1.3 In relation to module/programme design, the Code of Practice for the DDA (Part 4) specifies that:

"Wherever possible courses and teaching practices should be designed to be accessible so that only minimal adaptations need to be made for individuals." (Code of Practice, DDA Part 4, 9.8).

2. Quality Assurance Framework

- 2.1 QAA Code of Practice: Section 3 (Students with Disabilities): Precept 8

"Programme specifications should include no unnecessary barriers to access by disabled people. Institutions should consider establishing procedures which ensure that:

 - The setting and/or amendment of academic and other programme requirements during approval or validation processes includes well informed consideration of the requirements of disabled students;
 - Programme specifications and descriptions give sufficient information to enable students with disabilities and staff to make informed decisions about the ability to complete the programme."

3. Teachability Overview

- 3.1 The Teachability Project “Creating an Accessible Curriculum for Students with Disabilities” was funded by the Scottish Higher Education Funding Council from 1999 to 2006 and was based at the University of Strathclyde. It provided staff development materials and training opportunities to promote an inclusive curriculum for disabled students and to support reflection on teaching practice.
- 3.2 The focus of the Teachability approach is on identifying **core** module/programme requirements and on removing any barriers to access in line with the social model of disability i.e. where the emphasis is on the disabling effects of the environment rather than on individual impairments.
- 3.3 The Teachability materials cover eight aspects of the curriculum:
 1. Creating accessible information about courses or programmes of study for disabled students and applicants.
 2. Creating accessible course or programme design and structure for disabled students.
 3. Creating accessible lectures for disabled students.
 4. Creating accessible seminars and tutorials for disabled students.
 5. Creating accessible placements, study abroad and field trips for disabled students.
 6. Creating accessible practical classes for disabled students.
 7. Creating accessible e-learning resources for disabled students.
 8. Creating accessible examinations and assessments for disabled students.

The Teachability Project is now completed but the above materials are available online at: <http://www.teachability.strath.ac.uk>

- 3.4 In relation to module/programme design, it is essential to identify any non-negotiable skills or knowledge that all students must acquire in order to successfully complete the module/programme, including any requirements set by external professional bodies. In doing so, it is also essential to consider the extent of flexibility to accommodate disabled students' needs, including alternative ways of achieving programme requirements without compromising core academic standards. This may include the use of alternative teaching and assessment methods that support the achievement and demonstration of the module/programme's learning outcomes. The provision of such information in programme recruitment material enables prospective students to make informed choices about programmes of study.
- 3.5 Designing modules/programmes to be as inclusive as possible from the start reduces the requirement for ad hoc reactive adjustments to be made to meet individual students' needs. Time spent at the design/review stage is therefore likely to be more cost-effective in the long-term as well as helping the University to meet the legal and quality assurance requirements noted in sections 1 and 2 above.

4. Useful Websites

- Accessible assessments:
<http://www.shu.ac.uk/services/lti/accessibleassessments>
- Accessibility of on-line learning materials:
<http://www.abdn.ac.uk/accessibility/>
- Developing an inclusive curriculum for disabled students:
<http://www2.glos.ac.uk/gdn/icp/>
- Disability legislation: practical guidance for academic staff (particularly section 4 on programme design and validation):
<http://www.ecu.ac.uk/publications/disability-legislation-for-academics>
- Higher Education Academy (HEA) disability resources:
<http://www.heacademy.ac.uk/ourwork/learning/disability/resources>
- Making your teaching inclusive:
<http://www.open.ac.uk/inclusiveteaching/>
- Strategies for Creating Inclusive Programmes of Study:
<http://www.scips.worc.ac.uk>

All of the above websites and many others are available via live links on the 'Guidance and Resources' section of the Disability Services' website: <http://www.dundee.ac.uk/student-services/disability-services/staff-resources/>

Teachability Audit Template – Module/Programme Approval and Review

Module/Prog: _____ Code: _____

School: _____ Date: _____

1. What are the core skills and knowledge that all students must acquire to successfully complete the module/programme (including any requirements set by external professional bodies)?

2. How is the module/programme delivered and assessed? What scope is there for flexibility in the teaching and assessment methods (e.g. alternatives to computer-based assessment)?

3. What materials/resources are students expected to utilize?

4. What arrangements are in place to provide alternative formats of materials/resources if required?

5. What are the attendance requirements of the module/programme, if any? What scope is there for flexibility in attendance requirements?

6. Is the module/programme available on a full-time, part-time, and/or distance learning basis? What scope is there for flexibility in mode of study?

7. What scope is there for module choice within the programme?

8. What scope is there for transfer to alternative modules/programmes?

9. Are there any physical access issues for the buildings in which the module is delivered? If so, what arrangements are in place to enable access to learning and teaching-related “services”?

Additional Questions for Module/Programme Review:

10. What reasonable adjustments have been made to meet the needs of disabled students on the module/programme?

11. What feedback has been received from disabled students?

12. What issues have arisen, if any, in the provision of an accessible curriculum for disabled students? What action needs to be taken to address these issues?

Disability Services, University of Dundee

Inclusive Risk Assessment Guidance – Disabled Students and Staff

1. Introduction

- 1.1 The development of inclusive risk assessment guidance is identified as a priority for action in the University's Disability Equality Scheme 2006-2009 (Action 1.8.2). The purpose of this guidance is to support staff undertaking risk assessments for disabled students and staff to ensure that such assessments are conducted when appropriate, in an inclusive manner and with due regard to disability, health and safety and data protection legislation.
- 1.2 In relation to disabled students, there may be a need to consider risk assessment as part of the admissions process and for any study-related activities where a student may be at risk or may present a risk to others as a consequence of their disability (e.g. when participating in work/clinical placements, field trips, study abroad and laboratory/practical work). For disabled staff, risk assessment may be necessary as part of the recruitment process or as a consequence of changes to their work duties. For both disabled staff and students, a risk assessment may be necessary following a change in their existing impairment, particularly for degenerative conditions, or following development of a disability post-appointment or admission.
- 1.3 Such risk assessments should form part of the needs assessment process for disabled students and staff where appropriate, together with identification of any support requirements and reasonable adjustments. The disabled person concerned must be fully involved in this process.
- 1.4 The basic premise of this guidance is that disability does not automatically imply risk or need. No assumptions should therefore be made on the basis of a disability label or category. An individual assessment of a disabled student or staff member's needs must always be undertaken in the context of their study or work requirements and a risk assessment should only form part of that process where appropriate. This should include consideration of any environmental, attitudinal and organisational barriers that need to be addressed.
- 1.5 Individual needs assessments are also dependent on disclosure of a disability and the disabled person's consent to participate in the assessment process. They should consider a disabled person's existing aids and support strategies and take account of any changes in impairment or context that may impact on adjustments. As such, they should be subject to ongoing monitoring and regular review.

1. Introduction (cont.)

- 1.6 Disability Services is responsible for undertaking assessments of need for individual disabled students and staff to identify any study or work-related adjustments. Other University staff and external organisations (such as OHSAS) may also be involved in undertaking needs assessments for disabled students and staff. Existing disability disclosure and needs assessment procedures should continue to be used and supplemented where appropriate with a risk assessment.
- 1.7 Lead responsibility for the risk assessment of individual disabled staff and students rests with their School/Service and may be delegated to specific staff within the School/Service such as the Unit Safety Coordinator. Deans/Directors are responsible for ensuring that risk assessments are carried out by nominated staff. Information and advice should be sought from Disability Services as required, particularly in relation to the identification of reasonable adjustments and the provision of support. Disability Services may also undertake risk assessments as part of the needs assessment process for individual staff and students, in liaison with other staff as appropriate.
- 1.8 This guidance is intended to raise awareness and to clarify risk assessment procedures and responsibilities. Standard protocol is provided to support a consistent, timely and equitable approach across all University Schools/Services while allowing sufficient flexibility to respond to individual needs and contexts. It is also intended to supplement related guidance. Schools/Services may therefore wish to embed the recommended protocol in their existing risk assessment policies and procedures where appropriate to facilitate use and optimise efficiency.

2. Context

2.1 Legislation

2.1.1 Disability Discrimination

The Disability Discrimination Act (DDA) (1995, 2005) places statutory duties on Universities to make reasonable adjustments to meet the needs of disabled staff, disabled students and other disabled users of the University's facilities and services. It is also unlawful to treat disabled people less favourably than other people. The Disability Equality Duty (DED) places additional requirements on Universities to promote equality of opportunity for disabled people and to publish a Disability Equality Scheme. Further details, including links to the related Codes of Practice at:

<http://www.dundee.ac.uk/studentservices/disabilityservices/dda.htm>

In the context of inclusive risk assessment, the rights of disabled people to access the University's education, employment and public services must be taken into account whilst ensuring safety. The provision of reasonable adjustments may eliminate or reduce any potential risk to an acceptable level and as such must always be considered as part of the risk assessment process for disabled people. In addition, the duty to promote equality of opportunity requires a proactive approach that raises awareness and encourages reflection on existing practice. This includes assessing the impact of existing risk assessment policies and procedures on disabled people and making changes that remove barriers and promote an inclusive and equitable learning and working environment.

2.1.2 Health and Safety

The Health & Safety at Work etc. Act (1974) and the subsequent Management of Health and Safety at Work Regulations (1999) place duties on Universities towards employees and students, including overall responsibility for their health, safety and welfare whilst engaged in work or study-related activities. Universities are also responsible for putting measures in place that reduce any risk to an acceptable level. Further details at:

<http://www.dundee.ac.uk/safety> and <http://www.hse.gov.uk>

In the context of inclusive risk assessment, health and safety legislation may override the DDA if, following an individual risk assessment and provision of reasonable adjustments, a disabled person is deemed to be at an unacceptable level of risk or to present such a risk to others they may come into contact with in the course of their work, study or other University-related activities. However, health and safety legislation must not be used spuriously as a reason for not making adjustments or to prevent a disabled person accessing or participating in University services or activities (DDA Code of Practice (revised) for providers of post-16 education and related services, 2007, 5.53-5.55). The risk assessment process should therefore be seen as an inclusive and enabling process, identifying the support and reasonable adjustments that can be provided, rather than used as a process which excludes on the grounds of health and safety. Further details at:

<http://www.equalityhumanrights.com> and
<http://www.hse.gov.uk/disability/index.htm>

2.1 Legislation (cont.)

2.1.3 Data Protection

The Data Protection Act (1998) requires the University to process personal and sensitive data in line with the principles set out in the Act. In particular, this means that such information should not be shared without the written consent of the person concerned unless there is deemed to be imminent, grave danger to that person or to someone else, or when required to do so by law. Further details are available at:

<http://www.dundee.ac.uk/recordsmanagement/dataprotection/welcome.htm>

In the context of inclusive risk assessment, information about a person's disability would be considered personal and sensitive data and therefore must not be disclosed to others without the disabled person's written consent. However, withholding consent may restrict or prevent the implementation of reasonable adjustments and the disabled person must be informed of this. They must also be informed if the outcome of their individual risk assessment identifies that information about their disability has to be shared to reduce the risk to themselves or others. Disability Services has developed guidance and standard forms for handling and recording disability disclosure – see Section 4.1.

2.2 Requirements of Professional Bodies

The University offers a number of programmes that are subject to fitness to practise and competence requirements set by external professional bodies (e.g. General Medical Council). Such requirements should be taken into account as part of the risk assessment process but should not preclude the consideration of reasonable adjustments that would enable disabled students to meet the required standards, whilst reducing any potential risks to themselves or others to an acceptable level. It is also important to ensure that any competence standards that are considered as part of the risk assessment process are genuine, as the application of a standard that is not genuine may amount to unlawful discrimination if the disabled person concerned is deemed to have been treated less favourably (DDA Code of Practice (revised) for providers of post-16 education and related services, 2007, 6.30-6.31).

2.3 Related Guidance

There is extensive guidance available from the University's Safety Services on all aspects of health and safety. Disability Services has also developed a range of guidance for staff, including specific procedures for encouraging and handling disability disclosure, guidance on making adjustments for disabled students within the placement setting and guidance on the preparation of personal emergency evacuation plans (PEEPs). In addition, some Schools/Services have developed specific risk assessment guidance and documentation to reflect their curricular areas (e.g. Department of Geography). Such guidance should be reviewed to ensure it continues to meet the legislative and other requirements noted above and to reflect the recommendations of this document. Further details of related guidance are provided in Section 4.

3. Risk Assessment Procedure for Disabled Students and Staff

The following procedure is intended to assist staff in the risk assessment process while ensuring compliance with the legislative context noted at 2.1 above. This procedure is based on the Health and Safety Executive's five steps to successful risk assessment. It assumes that a disability has been disclosed and consent has been obtained from the person concerned to share information about their disability as appropriate to reduce or eliminate risk. It also assumes that the disabled person concerned is actively involved in each stage. This is essential.

3.1 Step One – Identify the Hazards

This stage involves identification of potential hazards i.e. something with the potential to cause harm to the disabled person themselves or to others they may come into contact with. It should not focus solely on the impact of a disabled person's impairment but should also consider any environmental, attitudinal and organisational barriers that may create or exacerbate the hazard. The focus should also be on identifying any hazards that may present a significant risk rather than identifying everything that could theoretically go wrong.

Examples of impairment considerations:

- medical and dietary (e.g. the need to take medication at regular intervals)
- memory and concentration (e.g. difficulties with retaining information)
- social and emotional (e.g. difficulties with interacting with other people)
- mobility and coordination (e.g. difficulties with using stairs)
- sensory and communication (e.g. difficulties with writing clearly)
- independence and personal care (e.g. the need for support with toileting)

Such considerations must be specific to the individual disabled person concerned and not based on any stereotypical assumptions about the health and safety implications of a particular impairment or disability.

Examples of potential barriers:

- inaccessible buildings and locations
- rigid attendance and timing requirements
- inflexible teaching and assessment methods
- preconceived attitudes and assumptions
- lack of suitable provision and/or support aids
- rigid competence standards, including those set by professional bodies, that may not be deemed to be genuine if challenged under the DDA

Adjustments to such barriers must be considered and implemented, if deemed to be reasonable, as part of the risk assessment process.

3.2 Step Two – Examine the Risk

This stage involves considering the chance that someone will be harmed by the hazards identified. This includes identifying who may be at risk, how potential harm may arise and the availability of any support or reasonable adjustments (such as equipment, personal support or training for relevant staff) to manage or reduce any potential risk to an acceptable level. The disabled person concerned may be able to provide valuable suggestions on how any identified risk might be managed or reduced to an acceptable level based on their experience and existing support strategies.

3.3 Step Three – Evaluate the Risk

This stage involves considering how likely it is that each hazard will cause harm and the level of potential risk (e.g. high, medium or low) that each hazard presents. It involves examining all hazards carefully and thoroughly, making judgements about the level of risk, identifying measures to reduce these risks to acceptable levels (including the provision of reasonable adjustments) and ensuring, as far as possible, that any decisions made are likely to be valid for a reasonable period of time. Even when all reasonable precautions have been taken and adjustments have been made, some risk may remain. It has to be decided, for each significant hazard, whether the remaining risk is acceptable, bearing in mind that such decisions may affect the disabled person's choice and/or participation in learning or employment opportunities.

3.4 Step Four – Record and Communicate

Appropriate documentation is an essential part of the evidence supporting the risk assessment decision-making process and should clearly outline what hazards were identified, who may be at risk, how any risks will be managed, who is responsible and any timescales for action that have been set. Such documentation must be approved by the risk assessor and the disabled person concerned and should be subject to regular monitoring and review. A sample risk assessment record is provided in Appendix 1. This may need to be provided in an alternative format to accommodate the disabled person's needs. Advice on this can be sought from Disability Services.

3.5 Step Five – Monitor and Review

The risk assessment documentation summarises the decision-making outcomes and supports ongoing review of the measures or actions identified and the support or adjustments provided for the disabled person concerned. Monitoring ensures that any actions have been implemented in practice and are working well and allows for modification should any change in circumstances or context occur.

The monitoring and review process should involve questions such as:

- Have the control measures been implemented effectively?
- Are they working and still relevant?
- Have all actions and support/adjustments been arranged?
- Have the levels of risk changed?
- Is there anything more that can be done to reduce potential risks further?

3.5 Step Five – Monitor and Review (cont.)

All involved in the risk assessment process should be consulted on the effectiveness and appropriateness of existing control measures, including the disabled person concerned. For risk assessments that relate to specific activities, it is good practice to review the effectiveness of the risk assessment process at the end of the activity in question and to obtain feedback from the disabled person concerned. This will help to support any future impact assessment of the risk assessment process, in line with the requirements of the Disability Equality Duty, and help to support continuous improvement.

4. Related Guidance

4.1 Disability Services:

- Disability Disclosure:
<http://www.dundee.ac.uk/studentservices/disabilityservices/staff-resources/web-disabilitydisclosure.htm>
- Fitness to Practise/Risk Assessment:
<http://www.dundee.ac.uk/studentservices/disabilityservices/staff-resources/web-fitnessstopractise.htm>
- Personal Emergency Evacuation Plans (PEEPs):
<http://www.dundee.ac.uk/safety/policy/05-2005.htm#4>
- Work Placements and Field Trips:
<http://www.dundee.ac.uk/studentservices/disabilityservices/staff-resources/web-workplacements.htm>

4.2 Safety Services:

- Code of Practice for Fieldwork Activities:
<http://www.dundee.ac.uk/safety/FieldWork.htm>
- Emergency Evacuation:
<http://www.dundee.ac.uk/safety/policy/05-2005.htm>
- Good Laboratory Practice:
<http://www.dundee.ac.uk/safety/guidance/GLP.htm>
- Manual Handling:
<http://www.dundee.ac.uk/safety/policy/09-2002.pdf>
- Risk Assessment:
<http://www.dundee.ac.uk/safety/policy/11-2002.doc>
- Working with Display Screen Equipment:
http://www.dundee.ac.uk/safety/policy/14-2002_guidance.pdf

APPENDIX 1

Inclusive Risk Assessment Record - Disabled Students and Staff (this form should be copied as necessary and used in line with Disability Services' inclusive risk assessment guidance)

Name of Disabled Person: _____ Staff/Student: _____

Nature of Disability: _____

Job Title/Programme of Study: _____ School/Service: _____

Duty/Activity to be assessed: _____

Name of Risk Assessor: _____ School/Service: _____

Description of hazard	
What are the possible risks and who may be at risk?	
What controls are already in place? *	
Risk level: High, Medium, Low	
What actions are required to reduce the risk? *	
Responsibility	
Timescale for completion	
Who needs to be informed?	

* Should include consideration of reasonable adjustments and provision of support as appropriate

Signature of Risk Assessor: _____ Date: _____

Date of Review: _____

I have read and understood the above record and give my consent for the information to be shared with appropriate University and related staff:

Signature of Disabled Person: _____ Date: _____

University of Dundee - Policy on Academic Adjustments for Disabled Students

Approved by Learning and Teaching Committee: 18.05.09; Approved by Senate: 03.06.09

1. Purpose

- 1.1 This policy sets out the University's position on the provision of academic-related reasonable adjustments for disabled students and clarifies responsibilities and procedures in this respect.
- 1.2 The term "disabled students" is used throughout to describe students with one or more of a wide range of physical, sensory and cognitive impairments in line with the definition of disability under the Disability Discrimination Act (DDA) (see 3.3).
- 1.3 The term "adjustment" is used throughout to describe provision that would be deemed reasonable under the DDA to meet the needs of disabled students.
- 1.4 Implementation of this policy will be monitored through the University's School/College boards and by the Learning and Teaching Committee.
- 1.5 This policy should be read in conjunction with related University policies that include reference to disabled students and applicants. These include: the Admissions Policy, Assessment Policy, Disability Statement, Equal Opportunities Policy, Learning and Teaching Strategy and Student Placement Policy. These are available on the Academic Affairs' website:
http://www.somis.dundee.ac.uk/academic/Senate_policies.htm

In addition, the University's Web Accessibility Policy sets out the University's commitment to ensuring that existing and new web resources are accessible to disabled people
<http://www.dundee.ac.uk/ics/services/web/accessibility/policy.htm>, and the University's Disability Equality Scheme (DES) sets out the University's commitment to promoting equality for disabled people and to eliminating barriers to access: <http://www.dundee.ac.uk/student-services/disabilityservices/des2010-12/index.htm>

2. Aims

- 2.1 The University is committed to providing an inclusive and equitable learning environment that enables disabled students to access the same opportunities as their non-disabled peers. The University is also committed to the Social Model of Disability (where the emphasis is on removing the disabling effects of the environment rather than assessing the impact of individual impairments) and to the Universal Design for Learning (where the curriculum is made accessible and appropriate for all students by adopting flexibility in learning outcomes/materials and teaching/assessment methods).
- 2.2 The University will aim to anticipate the requirements of disabled students and to identify all reasonable adjustments to meet their individual needs. To this end the University will:
 - Raise awareness of the support and provision it offers for disabled students and its legal responsibilities under the DDA

- Promote an inclusive culture and a supportive learning environment that welcomes disabled students and instils confidence to disclose
- Provide repeated opportunities for disabled students and applicants to disclose a disability throughout their University studies
- Ensure disability disclosure information and details of individual students' disability-related needs are processed in accordance with approved disclosure and confidentiality procedures and the Data Protection Act (1998)
- Ensure information confirming the nature of a student's disability is only requested when justified, i.e. when the impairment or required adjustment is not obvious
- Identify, communicate and implement all reasonable adjustments in a timely, efficient and consistent manner
- Deal effectively and promptly with any implementation issues for adjustments and any disability-related complaints
- Monitor and review the provision of adjustments
- Gather and monitor data on the admission, progression, retention and achievement of disabled students compared to their non-disabled peers (via Admissions and Student Recruitment or Registry as appropriate)
- Ensure that the design and delivery of all programmes and modules are as inclusive as possible, including all aspects of e-learning, and that accessibility issues are routinely considered during programme/module approval and review
- Provide training and guidance for staff to support delivery of an inclusive curriculum and accessible teaching and assessment practices

2.3 The University will identify and allocate resources to meet these aims, monitor the impact, implement any necessary changes and keep all provision for disabled students under regular review.

3. Legal Context

- 3.1 Under the Disability Discrimination Act (DDA 1995 as amended by SENDA in 2001), Universities are required to make reasonable adjustments in anticipation of disabled students' needs and must ensure that disabled students are not treated less favourably than other students for reasons relating to their disability. These duties apply to all "services" the University provides "wholly or mainly" for students, including admissions, exclusions and all aspects of learning and teaching (Code of Practice, DDA Post-16, 2007, 9.4).
- 3.2 Universities are also required to be proactive in encouraging students to disclose a disability; "If the education provider might reasonably have been expected to know or find out about a person's disability, then it cannot defend the failure to make reasonable adjustments on the grounds that it did not know that the person was disabled" (Code of Practice, DDA Post-16, 2007, 5.23).
- 3.3 A disabled person is defined as someone who has "a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities" (DDA, Sch1, Part 1). This definition covers a wide range of physical, mental and sensory impairments, including specific learning difficulties such as dyslexia and chronic health conditions such as diabetes, epilepsy and depression. Since December 2005, the definition also includes people with cancer, HIV and multiple sclerosis from the point of diagnosis and the requirement for mental illness to be clinically well recognised has been removed.

- 3.4 The DDA 2005 introduced a new duty on public bodies, including Universities, to promote equality of opportunity for disabled people and to publish a Disability Equality Scheme (DES). The University's DES sets out the action we plan to take over a three year period to promote equality of opportunity. This includes monitoring the accessibility of the University's Learning and Teaching Strategy and Student Assessment Policy.
- 3.5 In relation to learning and teaching, the Code of Practice for the DDA Post-16 (Revised) specifies that:
"Education providers must ensure that all aspects of teaching and learning do not discriminate against disabled students....Wherever possible, courses and teaching practices should be designed to be accessible so that only minimal adaptations need to be made for individuals. This will also help education providers to ensure they are complying with the anticipatory aspect of the duty."
(CoP, DDA Post-16, 2007, 9.8).
- 3.6 Reasonable adjustments should be made in anticipation of disabled students' needs, as far as possible, through inclusive teaching and assessment practices but individual adjustments, to meet the specific needs of individual students, may need to be made to ensure that the disabled student is not placed at a substantial disadvantage.
- 3.7 In making judgements on what is reasonable, account may be taken of maintaining academic and other core competence standards (including those set by external professional bodies), the health and safety of the individual and others, the practical and financial feasibility of making the adjustment and ensuring that others are not, as a consequence of making the adjustment, placed at a substantial disadvantage. In addition, some individual adjustments that may be deemed reasonable with sufficient advanced notice may not be deemed so if requested with little or no notification. However, once identified as reasonable, an adjustment must be made. There is no justification under the DDA for failing to make a reasonable adjustment. Examples of anticipatory and individual reasonable adjustments are provided in Appendix 1.
- 3.8 The DDA does not require Universities to do anything that might mean they cannot maintain academic or other core competence standards in a particular learning programme, if these standards are genuine (see Appendix 2). However, Universities should seek to ensure that they take all reasonable steps to enable suitably qualified students who are disabled to successfully participate in, and complete, all academic programmes through the provision of a flexible and inclusive learning environment and, where necessary, individual reasonable adjustments.
- 3.9 The DDA (as amended in October 2004) also requires professional and other qualifications bodies to make reasonable adjustments to their procedures for conferring qualifications and assessing competence standards. They must review the basis for these standards and determine any options for flexibility to accommodate disabled students' needs. Universities and professional bodies are expected to liaise to ensure that any standards set are genuine. Schools offering programmes that are accredited by external professional bodies should therefore seek clarification of any fitness to practice criteria/ core competence standards from their respective professional bodies.
- 3.10 The curriculum should be modified to the extent that students will be supported, as far as is reasonable, to develop the intellectual, practical, technical and transferable skills and the knowledge and understanding demanded by individual

programmes. Where a student's disability prevents them from being able to develop specific skills, it may be necessary for a revised programme to be negotiated that allows the student, within the constraints of their disability, to develop and demonstrate the programme's core competence standards and skills, and the required knowledge and understanding.

- 3.11 Adjustments to teaching and assessment are intended to compensate for the disadvantage caused by a student's disability. Assessment arrangements should be organised to ensure that a student's disability does not unfairly disadvantage them in demonstrating that they can satisfy the programme's learning outcomes. Reasonable adjustments typically include revising the assessment arrangements and, in those circumstances where this is not appropriate, offering an alternative but comparable mode of assessment. In the case of the latter, the student is expected to demonstrate the same learning outcomes as other students.

4. Quality Assurance Context

- 4.1 The Quality Assurance Agency for Higher Education (QAA) sets out the national framework for reviewing and improving academic standards and quality in higher education. Section 3 of the QAA's Code of Practice relates specifically to the quality of learning opportunities for disabled students. The University has developed a Quality Assurance Framework (QAF) that reflects the QAA requirements and is committed to meeting all QAA Precepts, specifically in this context Precepts 10 and 13 that relate to the teaching and assessment of disabled students (see Code of Practice mapping document within the QAF Archive, accessible from <http://www.dundee.ac.uk/qaf/>). Note that Section 3 of the QAA's Code of Practice is currently under review and the following extracts will be amended to reflect any changes once the revised Code is published.

4.2 QAA Code of Practice: Section 3 (Students with Disabilities): Precept 10

"The delivery of programmes should take into account the needs of disabled people or, where appropriate, be adapted to accommodate their individual requirements. Institutions should consider making arrangements which ensure that all academic and technical staff:

- plan and employ teaching and learning strategies which make the delivery of the programme as inclusive as is reasonably possible;
- know and understand the learning implications of any disabilities of the students whom they teach, and are responsive to student feedback;
- make individual adaptations to delivery that are appropriate for particular students, which might include providing handouts in advance and/or in different formats (Braille, disk), short breaks for interpreters to rest, or using radio microphone systems, or flexible/interrupted study for students with mental health difficulties."

4.3 QAA Code of Practice: Section 3 (Students with Disabilities): Precept 13

"Assessment and examination policies, practices and procedures should provide disabled students with the same opportunity as their peers to demonstrate the achievement of learning outcomes:

Institutions should consider implementing procedures for agreeing alternative assessment and examination arrangements when necessary that:

- are widely publicised and easy for students to follow;
- operate with minimum delay;

- allow flexibility in the conduct of the assessment;
- protect the rigour and comparability of the assessment;
- are applied consistently across the institution;
- are not dependent on students' individual funding arrangements.

Institutions may wish to consider the following adjustments:

- flexibility in the balance between assessed course work and examinations;
- demonstration of achievement in alternative ways, such as through signed presentations or viva voce examinations;
- additional time allowances, rest breaks and re-scheduling of examinations;
- the use of computers, amanuenses, readers and other support in examinations;
- the availability of examinations or the presentation of assessed work in alternative formats (e.g. modifying carrier language);
- the provision of additional rooms and invigilators for those using alternative arrangements.”

- 4.4 Further examples of anticipatory and individual adjustments to teaching and assessment are provided in Appendix 1.

5. Responsibilities and Procedures

- 5.1 The University's policy is to operate in an inclusive manner by anticipating the diverse needs of all students, wherever possible. However, where a student has a disability which requires individual adjustments to teaching and assessment practices, Disability Services will determine the specific reasonable adjustments that are required for individual students.
- 5.2 In making such decisions, Disability Services will take into account the need to maintain academic and other core competence standards, the health and safety of all individuals, the practical and financial feasibility of making the adjustment and the need to ensure that others are not, as a consequence of making the adjustment, placed at a substantial disadvantage. Such decisions will be informed by all available information about the nature of the student's disability (including, where relevant, transition information from the student's Secondary School/FE College/other education provider, psychologists' reports, medical reports and other diagnostic/needs assessment reports from recognised professionals) and the requirements of the student's programme of study, including core competence standards, any fitness to practise requirements and any requirements set by external professional bodies.
- 5.3 In this context, Disability Services is responsible for:
- gathering information and evidence to support the need for individual adjustments
 - liaising with Academic Schools to identify core programme requirements and competence standards
 - assessing disabled students' needs, and the needs of disabled applicants to the University, and identifying reasonable adjustments for individual students
 - obtaining the Academic Secretary's approval of adjustments for individual students
 - obtaining the student's consent to share identified adjustments with other University staff, including staff in their Academic Schools
 - communicating information on identified adjustments to Academic Schools via the School's Disability Support Officer

- supporting the provision of risk assessments, where appropriate, in liaison with Academic Schools
- reviewing students' individual needs on a regular basis and monitoring the impact of individual adjustments
- supporting the provision of support workers in classes and examinations in liaison with Academic Schools and the Examinations Office
- providing specialist study skills support and assistive technology training to disabled students to enable them to develop independent study strategies
- providing advice, training and guidance to Academic Schools on inclusive practice and the University's responsibilities under the DDA

5.4 The Academic Secretary is responsible for approving adjustments identified by Disability Services based on students' individual needs assessments and diagnostic evidence. Once approved by the Academic Secretary, such adjustments form a contract between the University and the student and, as such, must be implemented.

5.5 Disabled students are responsible for:

- liaising with Disability Services to discuss their support needs as early as possible and on a regular basis thereafter so that adjustments can be identified, modified where necessary, and implemented to meet their individual needs. This is particularly important for any adjustments to examination arrangements
- providing evidence of the nature of their disability (e.g. doctor's letter, psychologist's report), where this is justified. Support with this can be provided by Disability Services if required
- seeking guidance and support from Disability Services and the Academic Achievement Teaching Unit to prepare appropriately structured academic reports and essays and to develop independent strategies for the accurate presentation of written work that compensates, as far as possible, for their disability-related difficulties
- where approved by Disability Services, utilising stickers to identify their written work as that of a student with specific learning difficulties
- where all reasonable adjustments are in place, utilising assistive technology and other study aids/strategies to overcome any remaining disability-related difficulties with accessing the curriculum/undertaking assessments to reduce the need for reliance on concessionary forms of support

5.6 Disability Support Officers are responsible for:

- sharing adjustments received from Disability Services with all relevant staff within their Academic School, including all teaching staff and visiting lecturers
- providing a point of contact within the School for disabled students and applicants to discuss the core requirements of the School's programmes as early as possible to ensure that adjustments are identified and made known to relevant staff and to enable disabled applicants to make informed choices
- enabling disabled students to discuss any emerging needs and identifying appropriate courses of action to address these in liaison with Disability Services
- raising awareness of their role with disabled students in their Academic School

5.7 Academic Schools are responsible for:

- advising Disability Services at the earliest opportunity of all applicants who disclose a disability on all applications handled by their School (other than those processed by the Admissions and Student Recruitment Service)
- providing repeated opportunities for students to disclose a disability, particularly at key points in the Academic Year e.g. prior to field trips, work placements or exams
- implementing and monitoring individual adjustments, including the provision of adjustments for disabled students in class/departmental examinations
- advising Disability Services of any difficulties with implementation of adjustments
- identifying and implementing anticipatory reasonable adjustments
- developing inclusive teaching and assessment practices (including accessible e-learning materials) and designing modules and programmes in line with Disability Service's 'Teachability' guidance (see 6.2)
- liaising, where appropriate, with external professional bodies to clarify the core competence standards and any fitness to practice requirements of the School's modules and programmes
- obtaining feedback from disabled students in their School, monitoring the impact of adjustments and the School's response

5.8 The Admissions and Student Recruitment Service (ASRS) are responsible for advising Disability Services at the earliest opportunity of all applicants who disclose a disability on all applications handled by ASRS, including those received via UCAS.

5.9 The Examinations Office is responsible for:

- ensuring the provision of identified adjustments for disabled students in degree examinations, including separate accommodation and alternative formats of examination papers
- maintaining the security of the examination process
- ensuring the provision of separate invigilation, particularly for students using support workers e.g. scribes
- preparing and circulating accessible examination timetables in a timely and data protection compliant manner that detail individual disabled students' adjustments

5.10 Information and Communication Services (ICS) and the Exams Office are responsible for ensuring the provision of IT adjustments for degree exams, including access to sufficient secure computers, assistive technology and ergonomic adaptations. ICS can also support the provision of such adjustments for class/departmental exams. Further details at:
<http://www.dundee.ac.uk/ics/services/disability/disabdeptexamssupport.htm>

5.11 These procedures will be kept under review and modified where necessary in response to feedback from disabled students and any internal reorganisation of responsibilities.

6. Related Guidance and Resources

- 6.1 An extensive range of guidance and web-based resources on the provision of reasonable adjustments and inclusive teaching and assessment practices (including inclusive e-learning and e-assessment resources) are available via the 'Guidance and Resources' section of Disability Services' website:
<http://www.dundee.ac.uk/studentservices/disabilityservices/staff-resources/>
- 6.2 This includes specific Disability Services' guidance on:
- Allowing students to record lectures
 - Handling disability disclosure
 - Assessing the accessibility of programmes/modules for approval/review purposes
 - Arranging work placements for disabled students
 - Undertaking inclusive risk assessments
 - Providing learning materials in clear print
 - Marking the work of students with dyslexia
 - Working with a British Sign Language (BSL) interpreter
- 6.3 These resources are regularly updated to reflect changes in legal requirements and good practice in the sector. Staff are therefore advised to check Disability Services' website on a regular basis and to share any examples of good practice through School/College forums and the Disability Support Officer network.

Appendix 1 - Examples of Reasonable Academic Adjustments

1. Anticipatory Adjustments to Teaching and Assessment

1.1 Anticipatory or inclusive adjustments are those which anticipate the general requirements of students with diverse needs, including those with disabilities. Such anticipatory adjustments to established teaching and assessment practices are not only a legal requirement to meet the needs of disabled students but can also benefit the learning of all students. They also reduce the need for individual reactive adjustments and may therefore be more time and cost effective in the long term. Lecturers and other teaching staff are therefore encouraged to consider the following examples of inclusive practice. These are not intended to be exhaustive and staff are directed to the extensive resources on this subject available via Disability Services' website (see 6.1).

1.2 Teaching Practice:

All students will benefit from lecturers:

- facing the students when speaking
- previewing the content of the lecture and relating it to earlier material covered
- making it clear what students are expected to be able to do or know at the end of the lecture
- reinforcing information in a variety of ways and providing time for consolidation
- summarising the main points of a class and providing lecture outlines
- repeating students' questions clearly for other students to hear
- providing specific guidance on essential and recommended reading in advance
- providing glossaries of technical terms
- giving instructions regarding class organisation or assessment requirements in an accessible electronic format as well as orally
- using a variety of teaching methods and teaching aids
- arranging classes in accessible locations

1.3 Learning Materials:

All students will benefit from lecturers:

- distributing copies of any handouts, overhead transparencies or PowerPoint slides, in advance of the class through the University's VLE so that students can customise before the lecture (e.g. to their preferred font size) and annotate during the lecture
- designing handouts and other written materials in line with clear print guidance
- ensuring all teaching materials are accessible, including web-based and e-learning materials, in line with the University's Web Accessibility Policy and good practice guidance (see 6.1)

1.4 Assessment Practice:

All students will benefit from lecturers:

- avoiding assessments which rely on students rote learning and recalling large quantities of information
- offering the opportunity to receive feedback orally as well as in writing
- making assessment requirements as explicit as is reasonable, with transparent but concise assessment and marking criteria
- ensuring the examination duration is sufficient for students to read through their work and take rest breaks from writing (of at least 5 minutes in the hour)
- using a variety of assessment methods
- ensuring all assessments are accessible, including those that are delivered on-line

2. Individual Adjustments to Teaching and Assessment

2.1 The following are examples of adjustments that, on the basis of an individual needs assessment, may be considered reasonable. They include adjustments concerning access to learning resources and activities, additional learning and teaching support and revisions to assessment arrangements. These are not intended to be exhaustive and other adjustments will be necessary to meet disabled students' individual needs.

2.2 Access to Learning Resources and Activities:

Reasonable adjustments to learning resources and activities may include:

- ensuring the timetabling and room scheduling process takes into account the mobility impairment of individual students
- enabling students to meet with staff in an accessible location when staff offices are inaccessible to disabled individuals
- providing extended library loan facilities where identified by Disability Services
- arranging work placements in line with Disability Services' guidance (see 6.2)

2.3 Additional Support for Learning and Teaching:

Reasonable adjustments to learning and teaching may include:

- allowing personal assistants, signers, note-takers, carers, guide or hearing dogs into classes, to be seated in a position that allows them to undertake their role in support of the disabled student
- providing teaching materials in advance of classes in an accessible electronic format (for the student to customise to their own needs) or, where reasonable, in a format requested by the student (e.g. specific paper colour, font type or size)
- wearing a microphone when teaching for those students who have a hearing impairment
- allowing classes to be recorded in line with Disability Services' recording agreement (see 6.2)

2.4 Assessment Arrangements:

Reasonable adjustments to assessment arrangements may include:

- allowing additional time to complete the assessment (typically 25% extra)
- providing papers in alternative formats such as large print, audio or Braille
- allowing use of coloured overlays
- providing assistive technology such as a computer with screen reading software
- providing ergonomic adaptations such as height-adjustable chairs/tables and alternative keyboards/mice
- providing rest breaks and the facility to move around during the assessment
- providing separate venues and invigilation
- providing personal assistance in the form of a signer, reader or scribe
- allowing the use of stickers to identify the work as that of a student with dyslexia
- allowing access to food, drink or medication during the assessment
- enabling access to accessible toilet facilities

Appendix 2 – Extract from the Code of Practice for the DDA Post-16 (2007), 6.24 - 6.31, p116-120.

What is a competence standard?

6.24 The Act defines a 'competence standard' as an academic, medical, or other standard applied by or on behalf of an education provider for the purpose of determining whether or not a person has a particular level of competence or ability.

When can less favourable treatment be justified in relation to competence standards?

6.25 Less favourable treatment of a disabled person can never be justified if it amounts to direct discrimination (Code of Practice, DDA Post-16, 2007, 4.20). The application of a competence standard may, depending on the circumstances, result in disability-related discrimination of a disabled person.

6.26 Where the application of a competence standard to a disabled person amounts to disability-related discrimination, that treatment is justified if, but only if, the education provider can show that:

- the standard is (or would be) applied equally to people who do not have his particular disability; and
- its application is a proportionate means of achieving a legitimate aim.

6.27 The effect of these provisions is that less favourable treatment which is disability-related and which arises from the application of a competence standard is capable of justification on an objective basis. Justification does not depend on an individual assessment of the disabled person's circumstances, but depends instead on an assessment of the purpose and effect of the competence standard itself. For a competence standard to be objectively justifiable, the education provider would have to show that it was appropriate and necessary and that it was a proportionate means of achieving a legitimate aim.

6.28 To demonstrate that the application of a particular competence standard is a proportionate means of achieving a legitimate aim, the education provider must show:

- that there is a pressing need that supports the aim which the treatment is designed to achieve and thus amounts to a 'legitimate' aim, and
- that the application of the competence standard is causally related to achieving that aim, and
- that there was no other way to achieve the aim that had a less detrimental impact on the rights of disabled people.

6.29 These special rules about justification are only relevant to the actual application of a competence standard. If an education provider applies a competence standard incorrectly, or applies a standard which is not a genuine competence standard then these rules do not operate. Instead, the more usual test of justification operates (assuming, of course, that the incorrect application of the standard is not directly discriminatory, but that it is disability-related less favourable treatment).

How can education providers avoid discrimination in relation to competence standards?

- 6.30 If unlawful discrimination is to be avoided when the application of a competence standard results in less favourable treatment of a disabled person, the education provider concerned will have to show two things. First, it will have to show that the application of the standard does not amount to direct discrimination – if it does it is not a genuine competence standard. Second, it will be necessary to show that the standard can be objectively justified.
- 6.31 This is more likely to be possible where an education provider has considered the nature and effects of its competence standards in advance of an issue arising in practice. It would be advisable for education providers to review and evaluate competence standards. This process might involve:
- identifying the specific purpose of each competence standard which is applied, and examining the manner in which the standard achieves that purpose
 - considering the impact which each competence standard may have on disabled people and, in the case of a standard which may have an adverse impact, asking whether the application of the standard is absolutely necessary
 - reviewing the purpose and effect of each competence standard in the light of changing circumstances – such as developments in technology
 - examining whether the purpose for which any competence standard is applied could be achieved in a way which does not have an adverse impact on disabled people; and
 - documenting the manner in which these issues have been addressed, the conclusions which have been arrived at, and the reasons for those conclusions.

Further Information

Further information on competence standards is available via the Higher Education Academy's inclusive practice resources:

<http://www.psychology.heacademy.ac.uk/networks/sig/cs.asp>

Appendix 4 – Initial Validation Submission to the Scottish Government (in 2007) (appendices referred to within this document can be provided if required)

University of Dundee: Submission for Validation under the Scottish Executive's 'Toolkit' of Quality Indicators for Needs Assessment

1. Background

- 1.1 The Higher Education ACCESS Centre (Access Centre) at the University of Dundee was established in 1996 to provide a regional study needs assessment service for students in higher education throughout Tayside and North Fife. It achieved formal accreditation and full membership of the National Federation of ACCESS Centres (NFAC)⁷⁹ shortly thereafter. As a member of the NFAC, the Access Centre was required to operate in line with NFAC service criteria and quality assurance requirements, in addition to meeting internal requirements of its host institution, the University of Dundee. The Centre was originally jointly managed by a consortium of four institutions; the University of Dundee, the University of Abertay Dundee, the University of St. Andrews and Northern College of Education. The University of Dundee assumed sole management responsibility in 2001 and the Access Centre became part of the University's Disability Services in 2003.
- 1.2 Disability Services is part of the University's Student Services Directorate and has close links with the Mental Health Nursing Service and Peer Connections. Peer Connections provides volunteering opportunities for more experienced University students to support new or vulnerable students, including disabled students, through welcoming, buddying and mentoring activities. Further details at: <http://www.dundee.ac.uk/studentservices>
- 1.3 In addition to Access Centre services, Disability Services provides a range of services and facilities to meet the needs of disabled students and staff within the University (further details at 4.2 below and at <http://www.dundee.ac.uk/disabilityservices>).
- 1.4 The Access Centre has provided a regional needs assessment service to disabled students throughout Tayside and North Fife since its inception in 1996. This includes students who are studying in the region and those living here but studying elsewhere. The number of students that are referred to the Access Centre for a needs assessment in connection with their application for the Disabled Students' Allowance (DSA) has increased significantly since its inception (from less than 40 students during its first full operational Academic Year (AY) 97/98 to almost 300 students in AY 05/06).

⁷⁹ The National Federation of ACCESS Centres (NFAC) was established in 1996 to provide a national network of quality assured needs assessment centres throughout the UK. The NFAC was subsequently replaced in 2004 by the National Network of Assessment Centres (NNAC) comprising institutions and other agencies offering assessment services in England and Wales.

- 1.5 The Access Centre is recognised as an accredited needs assessment centre by the Students Awards Agency for Scotland (SAAS), LEAs throughout England and Wales, Northern Ireland Library Boards, the National Office for Equity of Access to Higher Education (Southern Ireland), the General Social Care Council and the Research Councils. It also provides training in a range of assistive technology and Access to Work assessments for disabled employees.
- 1.6 The introduction of the Toolkit of Quality Indicators for Needs Assessment in 2005 has had some impact on referrals to the Access Centre. Referrals from neighbouring institutions have decreased however, the unexpected closure of Aberdeen College Access Centre during AY 06/07, has increased referrals from institutions normally served by that Centre.

2. Who will be involved?

2.1 Disability Services' Staff:

The University's Disability Services department has eight staff with one additional Disability Adviser post currently vacant. The Service also employs an external assessor on a freelance basis to support DSA needs assessment activity. With the exception of the Support Worker Coordinator, which was a new post established in 2005, all staff have held their current posts for at least three years and have extensive experience of the needs assessment process. Existing posts and responsibilities are:

- 2.1.1 **Head of Service:** Overall responsibility for the management of all staff, services and facilities, for the development of the University's disability-related policies and procedures, and for the delivery of disability-related staff development and training. The Head of Service is also the main University contact for disability compliance issues under the Disability Discrimination Act (DDA). The Head of Service manages the delivery, monitoring and quality assurance of needs assessment services in addition to undertaking needs assessment activity for complex cases or to cover for other staff. The current post holder is a Chartered Psychologist with over eleven years' experience in the disability field having established and managed the Access Centre since its inception. She is a mentor for the Scottish Funding Council's BRITE initiative (mentoring FE College staff in the needs assessment process) and a member of the Scottish Executive's Disabled Students' Stakeholder Group.
- 2.1.2 **Dyslexia Specialist:** Responsible for delivering services to support the needs of dyslexic students, including screening, diagnostic and study skills services. The Dyslexia Specialist also undertakes DSA needs assessments and study skills support for dyslexic students. The current post holder previously worked as a lecturer, student adviser and learning support tutor in an FE College and holds a Post Graduate Certificate in Dyslexia. She is also a member of the Association of Dyslexia Specialist in Higher Education (ADSHE) and the Professional Association of Teachers of Students with Specific Learning Difficulties (PATOSS).

- 2.1.3 Disability Adviser: Responsible for providing advice and support to disabled students, for the coordination of departmental and examination support services, and for the coordination of services for prospective students. The Disability Adviser also undertakes DSA needs assessments for students with all disabilities. The current post holder has an HND in Management and is due to complete a Postgraduate Certificate in 'Supporting the Adult Dyslexic Learner in Higher and Further Education' within the next year.
 - 2.1.4 Assessor/Trainer: Responsible for providing DSA needs assessment and training services, and for disability-related technical advice for all disabilities. He is also responsible for maintaining the Access Centre equipment and for advising the Head of Service of upgrading/replacement requirements and of recommendations for new technology purchases. The current post-holder has a postgraduate teaching qualification and previously worked as a secondary teacher and an IT learning support tutor within a higher education college.
 - 2.1.5 Support Worker Coordinator: Responsible for developing and coordinating Non-Medical Personal Help services for disabled students, including recruiting, training and managing support workers. Support Workers will be able to be employees of the University from AY 07/08.
 - 2.1.6 Administrator: Responsible for the day-to-day operation of DSA-related services and administration supported by two clerical assistants.
 - 2.1.7 Receptionist/Clerical Assistant: Responsible for reception and clerical support duties and the first point of contact for students attending for an assessment appointment.
 - 2.1.8 Clerical Assistant: Responsible for providing cover for reception, for clerical support duties, for supporting the delivery of dyslexia screening services and the administration of loan equipment services.
- 2.2 Other Disability Support Staff:
- 2.2.1 Freelance Assessor: Responsible for undertaking DSA needs assessments on a freelance basis to support the delivery of services during busy referral periods. The current post holder has extensive experience as a teacher and as a needs assessor for students in higher education.
 - 2.2.2 Disability IT Support Specialist: This post is based within the University's Information and Communication Services department. The post holder provides specialist advice to the University on the accessibility of C&IT systems and also provides one-to-one technical support and training for disabled students.

2.2.3 Disability Support Officers: The University has established a network of Disability Support Officers (DSOs) in all academic schools and support departments across the University. Their role is to be the initial point of contact for disabled students in their school, to disseminate disability-related information to other staff in their school, including any adjustments to support disabled students' individual needs, and to assist disabled students with course-related problems. They work in close collaboration with Disability Services to ensure that disabled students' needs are effectively and appropriately communicated in line with the University's confidentiality and disclosure procedures.

2.3 Responsibility for Needs Assessment Service:

The Head of Disability Services is responsible for overseeing the daily operation of the needs assessment service and for service evaluation and quality assurance. Ultimate responsibility for the University's participation in the 'Toolkit' rests with the University Secretary.

3. What range of students will be assessed?

3.1 Students and Institutions Supported:

The Access Centre undertakes needs assessments for all disabled students at Dundee University and disabled students referred by FE/HE institutions within Tayside and North Fife and beyond as required, including students studying with the Open University. The number of needs assessments has increased every year since the Access Centre's inception and is currently in the region of 300 students annually (figures for AY 05/06 are presented in Appendix 1).

3.2 Use of External Agencies:

Access Centre staff have expertise in assessing the full range of disabilities and can call on other specialist services within the University for advice e.g. Mental Health Nursing Service. External agencies are also contacted for advice as necessary, mainly in connection with trialling of specialist equipment (e.g. infra red systems for students who are hard of hearing). All assessors liaise with academic and support staff from the student's institution as part of the assessment process to clarify the student's support needs/course requirements, and the institution's provision for disabled students generally.

4. How will the assessment be conducted?

4.1 Overview:

Needs assessments are conducted in line with the Toolkit's flowchart. The assessment report proforma used is the NFAC report proforma which was ultimately adopted by the Toolkit as an example of good practice. A step-by-step breakdown of the DSA needs assessment process is provided in Appendix 2. Copies of the documentation referred to can be provided if required and further details are provided in 4.5 below.

All needs assessments are student-centred and needs-led, and are undertaken with due consideration of the student's University/College provision for disabled students generally, and their legal responsibilities under the DDA to make reasonable adjustments for disabled students.

4.2 University Services and Facilities for Disabled Students:

4.2.1 Dundee University provides a range of services and facilities for disabled students. In addition to undertaking needs assessments, the Disability Services' department provides specialist advice and support to disabled students (including communicating recommendations for reasonable adjustments to staff), dyslexia screening and diagnostic services, support with recruiting and managing support workers (e.g. readers and sign language interpreters), training with assistive software and a loan equipment service (see Appendix 3). The University will be taking on the employment of support workers from AY 06/07 to provide disabled students with the option of using this service if they do not wish to employ their support workers themselves.

4.2.2 In addition to the Access Centre facilities, Disability Services also houses two 24-hour facilities for disabled students who have registered with the Service; a networked IT suite (with wireless capability) and a quiet study room with rest area. There is also a rest room within the University's Tower building for those students who need to rest during the day for disability-related reasons. The University also has site licences for TextHelp Read and Write Gold (text-to-speech, scanning and spelling support) and Supernova (screen magnification and screen reading) assistive software. Further details of the University's services and facilities for disabled students are provided in the University's Disability Equality Scheme at: <http://www.dundee.ac.uk/disabilityservices/disability/DDA.html>

4.2.3 Disabled students also have access to the range of support services available to all students, including those offered through the University's Student Services Directorate and Learning Centre. The Learning Centre has developed an extensive online study skills learning resource which provides undergraduate and postgraduate students with guidance on all aspects of learning and studying in a higher education environment and on developing personal transferable skills. Further details at: <http://www.dundee.ac.uk/learning/centre/advance.htm>

4.3 Access Centre Facilities:

4.3.1 The Access Centre has a wide range of equipment and software for demonstration and trial purposes to support the needs assessment process (see Appendix 4). It is equipped with height-adjustable tables and chairs, both pc and Apple Mac computers and a variety of ergonomic adjustments. Each computer is networked and has assistive software to support a wide range of disability-related needs (e.g. text-to-speech software). This equipment is regularly reviewed and updated to reflect advances in assistive and mainstream technology.

- 4.3.2 Confidential meeting rooms are available for the assessment 'interview' and equipment demonstration/trial purposes. A portable induction loop is available for conducting interviews for those students who require this provision. The Centre is wheelchair accessible, has accessible toilet facilities and has dedicated accessible parking immediately outside the building.

4.4 Access Centre Resourcing:

The Access Centre needs to be appropriately resourced and staffed to provide an efficient regional needs assessment service. Figures for AY 05/06 indicate that the total cost of providing this service was in the region of £110,000 annually. Income generation through DSA-needs assessment services for the same year was approximately £100,000. Additional income generating activity by Disability Services made up the shortfall but, should DSA referral figures drop significantly, the University is unlikely to be able to continue to provide a regional needs assessment service without additional funding.

4.5 Initial Assessment and DSA Referral:

- 4.5.1 All Dundee University students who disclose a disability at application, or at any point during their course, are contacted to discuss their support needs. Students also self-refer to Disability Services or are referred by other members of University staff. The Disability Adviser or Dyslexia Specialist undertake an initial assessment of the student's needs and an application for the DSA is progressed where considered necessary to meet the student's needs, within the context of the support available to disabled students from the University (see 4.2).
- 4.5.2 If a DSA application is deemed necessary, the 'Recommendations Proforma' is completed (see Appendix 5) and copied to the Disability Services' Administrator who then arranges an appointment for a full assessment of needs. The DSA application is generally sent to the student's funding authority before the full needs assessment is conducted unless this appointment can be arranged without delay. The assessment is usually undertaken before the referral is received from the student's funding authority to ensure that the assessment report is ready to be sent for approval as soon as possible after the receipt of the referral.
- 4.5.3 Students from other institutions are referred to the Access Centre by their funding authority, and occasionally directly by their institution, where a full assessment of needs is required to support their application for the DSA. The cost of this assessment is funded by the student's funding authority or by the student's institution, if the student is not eligible for the DSA. Disability support staff from institutions within Tayside and North Fife are asked to provide a summary of the student's needs and details of their programme of study using the 'Disability Advisers' Proforma' (see Appendix 5).

4.6 Stages of DSA Assessment Process:

- 4.6.1 Once a referral is received, the student is sent an assessment appointment and consent form together with a DSA information pack (see Appendix 6). This pack contains details of the needs assessment process and the Access Centre's time targets for the delivery of services (see 'DSA Assessment Summary Sheet' in Appendix 6) as well as directions to the Access Centre and a parking permit for the day of the assessment appointment.
- 4.6.2 Progress of DSA assessments are tracked using the DSA Status Table (see Appendix 7). This includes a record of those students who are pending referral (as advised by other institutions) and those who have missed/cancelled their appointments. It also includes information relating to time targets for service delivery (e.g. date of receipt of referral, date of assessment appointment and date draft report sent to student for approval). This information is replicated within each student's file using the 'DSA Assessment Stages Table' (see Appendix 8).
- 4.6.3 Students' institutions are contacted prior to the assessment (with the student's consent), or as soon as possible thereafter, to confirm the student's support needs and course requirements. Use is also made of information available via the Prospectus and website of the referring University/College.
- 4.6.4 Students are contacted prior to their assessment appointment to confirm their attendance and to clarify support arrangements required, if any, for the day of the assessment. If students are unable to attend on the day of the appointment, another appointment as offered as soon as possible. If students fail to attend for more than two consecutive appointments, they are not offered another appointment until they have confirmed their intention to pursue their DSA application.
- 4.6.5 The assessor prepares for the assessment by considering all of the information already provided on the student's needs and arranging relevant equipment for demonstration purposes. The assessor then meets with the student to discuss their support needs in detail using the Toolkit assessment report proforma as a basis for their discussion. Consideration is given the student's existing support and study strategies, the support available from their institution and the requirements of their course. The student is also advised of the purpose of the DSA and is directed to their institution's Disability Adviser and other sources of support/funding as appropriate. This 'interview' part of the assessment process usually takes at least one hour and often longer.
- 4.6.6 Where equipment has been identified to support the student's needs, a demonstration is provided and the opportunity for the student to trial the equipment with support from the assessor. This part of the assessment process usually takes at least one hour. If the student requires additional time to trial the equipment, loan of the equipment is arranged where possible. Suppliers are contacted as necessary to provide equipment for trial purposes.

- 4.6.7 The assessor completes the assessment by discussing their proposed support recommendations with the student, including the provision of equipment and Non-Medical Personal Help (NMPH), as well as any travel or other support needs. The student is reminded of the next stages in the DSA application process and is given the opportunity to ask any further questions.
- 4.6.8 The assessor then contacts suppliers as appropriate for quotes for the recommended equipment and prepares a draft assessment report which is sent to the student for approval within two weeks of the assessment appointment. Quotes for loan of equipment are provided for those students who are in the last six months of their course.
- 4.6.9 If the student requests any modifications to the draft report, these are considered by their assessor and made where considered appropriate. Once the student's written approval is received, the report is sent to their funding authority for approval. A copy of the report is also sent to the Disability Adviser at the student's institution (with the student's consent).
- 4.6.10 If no agreement can be reached on the final version of the report, the student's funding authority is advised of the situation together with a note of the points of dispute. They then make the decision on DSA funding taking the Access Centre's recommendations and the student's views into account.
- 4.6.11 Following the DSA needs assessment, students are provided with ongoing support and advice as required, within the context of the support available from their own institution. Dundee University students can be supported in the purchase, installation and training of the recommended equipment by Disability Services' staff and the University's IT Disability Support Specialist. They can also be supported in the recruitment and management of NMPHs through the Service's Support Worker Coordinator. Ongoing review of Dundee University students' needs is undertaken by the Disability Adviser or Dyslexia Specialist as appropriate.

4.6 Equipment Suppliers:

- 4.6.1 The Access Centre has identified suppliers who offer one-stop-shop services for students' applying for the DSA. As far as possible, these suppliers will have signed up to the Service Level Agreement (SLA) which operates within England and Wales as part of the DfES approved needs assessment system. This means they have committed to provide the full range of equipment disabled students are likely to require together with installation, training and technical support services. Suppliers who are not signed up to the SLA due to their location in Scotland are selected on the basis of their ability to provide a consistently high standard of service and customer support. The use of one-stop-shop suppliers reduces the need for the student to contact several suppliers and should mean that they are able to obtain and use the recommended equipment quickly, once funding has been approved. Additional specialist suppliers are used for ergonomic adaptations, and for equipment to support students with more complex needs. All suppliers are reviewed annually as part of the Access Centre's service evaluation (see 5.1)

- 4.6.2 Students are advised that they do not have to use the suppliers listed in their Access Centre report as long as they purchase the equipment recommended and check with their funding authority before purchasing anything which is not on the recommended list. Students are asked for feedback on the suppliers they have used and any complaints are monitored. This information is used to inform the annual evaluation of Access Centre services (see 5.1) and alternative suppliers are sourced where necessary to provide a consistent high quality service that meets the needs of disabled students.

5. How will you quality assure the needs assessment process?

5.1 Service Evaluation and User Feedback:

- 5.1.1 Access Centre services and procedures are reviewed and evaluated annually based on feedback received from service users and progress against annual performance indicators (see 5.2). All students who attend for a DSA needs assessment are sent an evaluation questionnaire with their draft assessment report (see Appendix 9). They are also sent a follow-up questionnaire six months after their assessment appointment to determine the extent to which the Access Centre recommendations were effectively implemented. This includes questions relating to the equipment suppliers used and the quality of service received. Data from these evaluation questionnaires are analysed using SPSS and the outcome summarised in Disability Services' Annual Report (see 5.2). Evaluation questionnaires are also used to obtain feedback on other aspects of DSA-related activity including loan equipment, training and NMPH services.
- 5.1.2 Feedback is also gathered via focus groups of Dundee University students as part of Disability Services' annual review process. Informal feedback is received on a regular basis from the University's DSOs, other students, their parents, the Disability Advisers in the referring institutions and from funding authority staff as well as from equipment suppliers. All stakeholders therefore have an opportunity to influence the delivery of needs assessment services.

5.2 Annual Report and Performance Indicators (PIs):

- 5.2.1 The Head of Disability Services prepares an Annual Report at the end of each academic year which includes evaluation of service delivery (based on feedback from service users), planned response to user feedback, as well as a review of performance against a range of indicators. For example, for AY 06/07, these PIs included the action taken to progress the proposal that the University take on the role of support worker employer. This was achieved and will be implemented from the start of the new academic session. The report also includes a review of the Service's activities and proposed development for the next academic session to support the continued delivery of effective and efficient user-centred services.

- 5.2.2 Disability Services' Annual Report is presented to the Director of Student Services, the University Secretary and ultimately to the University Court, the governing body for the University which includes representatives of staff, students and members of the local community.

5.3 Report Sampling and Peer Review:

- 5.3.1 The Head of Disability Services quality assures the needs assessment process by periodically reviewing a random sample of assessment reports from each assessor for students with a range of disabilities, and observing needs assessments and training sessions. This ensures that a consistent approach to the delivery of needs assessment and training services is being adopted as far as possible in line with Service quality assurance criteria. These criteria were originally set by the NFAC, were subsequently adapted for use by the Scottish Access Centres and ultimately formed the basis of the Toolkit quality indicators.
- 5.3.2 Assessors meet regularly to review anonymous assessment reports and to discuss equipment recommendations for students with specific support needs. The Head of Service and Administrator attend these meetings as required to review DSA-related systems/procedures and quality assurance requirements. These meetings include discussion of feedback received from students and other stakeholders in the needs assessment process.
- 5.3.3 The Head of Service meets regularly with the Managers of the other Access Centres in Scotland and with colleagues providing needs assessment services within their own institutions. This networking provides an opportunity for information exchange as well as critical review and reflection on practice within a supportive peer setting.

5.4 Staff Development:

- 5.4.1 All Disability Services staff regularly attend staff development opportunities offered by the University and external providers e.g. Scottish Disability Team, BRITE and SKILL. All Assessors are certified TextHelp trainers and regularly update their needs assessment and assistive technology knowledge and skills through attendance at conference and awareness raising events, demonstrations provided by equipment suppliers, participation in email discussion lists, networking with colleagues, and researching Internet resources.
- 5.4.2 All Disability Services staff are provided with the opportunity to reflect on their achievements and to identify their staff development needs on an annual basis through the University's personal review scheme.

5.5 Disclosure and Confidentiality:

All needs assessment services are delivered in line with the University's confidentiality and disclosure procedures and all student records are held in accordance with the Data Protection Act (1998). Disability Services' Confidentiality Statement is presented in Appendix 10 together with the Disclosure Form and Guidance for Staff.

5.6 Complaints Procedure:

All students are advised of the procedure they should follow should they wish to make a complaint about any aspect of the services offered by Disability Services including needs assessment services (see Appendix 10). Nearly all complaints are resolved informally by Disability Services staff. Where action is identified in response to a complaint, then this is progressed as soon as possible. Both the Complaints Procedure and Confidentiality Statement are available on Disability Services' website: <http://www.dundee.ac.uk/disabilityservices>

5.7 University Quality Assurance Systems:

- 5.7.1 Disability Services quality assurance procedures are embedded within the University's quality assurance systems which include the University's response to the Quality Assurance Agency's (QAA) 'Code of practice for the assurance of academic quality and standards in high education', in particular Section 3 which relates to disabled students. The University is also subject to external review every four years through the QAA's Enhancement Led Institutional Review (ELIR) process (this was last undertaken in 2005).
- 5.7.2 The Access Centre was externally reviewed by SKILL in 1999 as part of the University's review of student support services. The outcome of this review was very positive with only minor recommendations made for improvements to service delivery. These were subsequently addressed by the merger of the Access Centre and Disability Support Centre to form Disability Services, and the appointment of additional staff.
- 5.7.3 The University has prepared a Disability Equality Scheme (DES) presenting the action it plans to take over a three year period to promote equality of opportunity for disabled people in line with the requirements of the Disability Equality Duty. (see <http://www.dundee.ac.uk/disabilityservices/disability/DDA.html>). Needs assessment procedures and practices will therefore also be assessed for their impact on disabled people as part of the ongoing monitoring and annual review of the University's DES.